



2011

# QUEENSLAND HEALTH ORAL HEALTH

## STERILIZER CYCLE RECORD BOOK

USER GUIDE v2



**Queensland**  
Government



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Manual issue: 2.1

Second printing: June 2011

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## 1. Aim

To identify and record every cycle of a sterilizer, and any equipment used on a patient which has passed through this process.

## 2. Reason

For consumer protection we must be able to identify any specific item or equipment which has been used on a patient and PROVE that it has successfully been through a decontamination and sterilization process and that it has been checked according to Queensland Health policy and procedures.

Remember our defense in litigation, is to provide documentary evidence that equipment has passed through a decontamination and sterilization process, which has been carried out and checked. From that evidence, there is a high probability that the equipment used was sterile.

The Queensland Health (QH) Oral Health Sterilizer Cycle Record Book (SCRB) assists in providing traceability and accountability. The need to trace an object applies not only to finding the object, but to determining retrospectively where it has been, and what has happened to it during its journey.

Accountability is the process of accepting responsibility for the processes that an object is subject to. An account of manufacturing processes is required in order to demonstrate that the necessary care has been taken in the manufacture (or re-manufacture) of items in order to protect life and finance.

QH SCRB provides an account (or record) of processes to be maintained, plus a record of the person or persons responsible for those processes (able to identify those person(s) who are able to explain the process). A process is accounted for by the acceptance of responsibility by a person or persons.

Documentation is designed around requirements of QH and;

**AS/NZS 4187:2003** *Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities* AND

**AS/NZS 4815:2006** *Office-based health care facilities — Reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment*. The majority of sterilization carried out in office based practice is carried out in benchtop (small) steam sterilizers.

### **3. What is accomplished using the system**

- Each sterilizer has an individual record.
- Shows total control of the sterilization activities.
- Consecutively numbered pages of the book mean that information cannot be added or deleted providing record integrity.
- Meets QH, AS/NZS 4187:2003 and AS/NZS 4815:2006 documentation requirements for sterilization.
- Shows what you are sterilizing. Proof you are not overloading or sterilizing incorrect items.
- Proof of who loaded the sterilizer.
- Proof of the success (or failure) of the cycle, and details of individual items which have failed the process.
- Each page in the log is double sided, allowing for cycle information to be recorded on the front, and item failures on the back.
- Proof that all packs / instruments were checked after the sterilization process.
- Records all maintenance and testing showing you operate a maintained sterilizer.
- Convenient storage of all sterilizer printouts within the sterilizer cycle record book. All records pertaining to cycles (print outs etc.) shall be stored with the book to give a complete record of the sterilizer history.
- The paper used in the sterilizer cycle record book is manufactured from Sterisyn waterproof synthetic paper for essential record protection in harsh wet environments.
- The batch labels used in the process and placed in patient records allow tracking from the patient record back to the sterilizer cycle record book. You can confirm the sterilizer cycle(s) in which your patients' instruments were sterilized. The advantage of this is that you may now trace to a unique sterilization event that may also be backed up by sterilizer print outs. This provides added security for you and your patients.

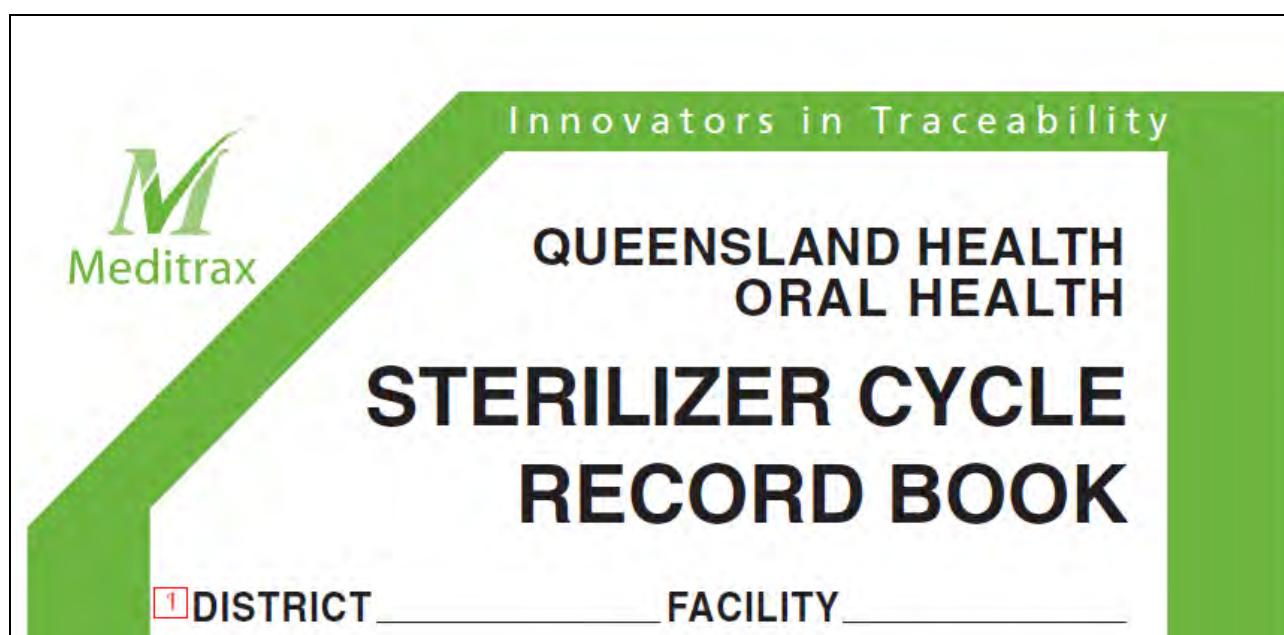
## 4. How to use the user guide

Each instruction is numbered. Each section has an image of the part of the sterilizer cycle record book to which the instruction relates.

The number relates directly to the image of the sterilizer cycle record book.

For example the following numbered instructions relate to the image where number 1 is in red.

**Step 1.** Enter your district name and the facility (the actual site where the sterilizer is installed). e.g Cairns - Smithfield CHS



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**QUEENSLAND HEALTH  
ORAL HEALTH  
STERILIZER CYCLE  
RECORD BOOK**

**1** DISTRICT \_\_\_\_\_ FACILITY \_\_\_\_\_

## 5. Opening a sterilizer cycle record book

### The front cover

Read the front cover of the log and enter the following information with a black biro/pen.

The numbers shown in the step by step instructions, correspond to the following image.

- Step 1.** Enter your district name. e.g. Cairns. Enter the name of the facility. This is the actual site where the sterilizer is installed.
- Step 2.** District/ Facility sterilizer no. This is a number that has been allocated by the facility and/or district. Only one number is to be allocated and used for a sterilizer to avoid confusion.
- Step 3.** If this sterilizer cycle record book is to be used for a loan sterilizer, place a tick in the box. Enter from where the loan sterilizer came from.
- Step 4.** Enter the sterilizer make. Fill in the sterilizer model number. As sterilizer manufacturer's improve their sterilizers, the model number changes for their reference, parts may be quite different from one model to another. Fill in the sterilizer serial number. This number is a unique number only for that particular machine.
- Step 5.** Enter the QH Asset number allocated to this sterilizer.
- Step 6.** Fill in the first cycle number that is to be entered in the sterilizer cycle record book. (Remember, if you take this number from the sterilizer cycle counter, this should be a sequential number following on from the previous cycle).
- Step 7.** Enter the date the sterilizer cycle record (log) book commenced.
- Step 8.** Print your name. Sign that you have opened this book and completed the information required for successful use of the sterilizer cycle record book. (OPTIONAL to include the performance qualification information - see next step).



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ORAL HEALTH

# STERILIZER CYCLE RECORD BOOK

1 DISTRICT \_\_\_\_\_ FACILITY \_\_\_\_\_

2 DISTRICT/  
FACILITY STERILIZER NO

3 TICK IF THIS IS A ☐ LOAN  
LOAN MACHINE FROM \_\_\_\_\_

4 STERILIZER MAKE \_\_\_\_\_

STERILIZER MODEL \_\_\_\_\_

STERILIZER SERIAL No. \_\_\_\_\_

5 STERILIZER ASSET No. \_\_\_\_\_

CYCLE FROM  6 CYCLE TO

7 DATE LOG OPENED \_\_\_\_/\_\_\_\_/\_\_\_\_

8 By Name  Signature

DATE LOG CLOSED \_\_\_\_/\_\_\_\_/\_\_\_\_

By Name  Signature

*Austmel* SYSTEMS

**T:** 1800 074 085 **F:** 07 5597 5244  
16 JADE DRIVE, NERANG, QUEENSLAND 4211

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## 6. The sterilizer cycle record

Each page of the sterilizer cycle record book contains two (2) cycle records.



**QUEENSLAND HEALTH STERILIZER CYCLE RECORD**  
DISTRICT / FACILITY STERILIZER No. \_\_\_\_\_

FOLIO  
SERIAL No. **AA**

**FIRST CYCLE RECORD  
ON THE PAGE**

| M T W T F S S<br>(circle day)                                                                                                                                                                                                                                                       |                                             | TICK APPROPRIATE TYPE OF CYCLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |        |  |  |  |               |                  |                  |  |  |  |                        |                    |
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| <b>CYCLE DETAILS</b><br>DATE: _____<br><br><b>CYCLE NUMBER:</b> _____<br><br><b>BATCH LABEL (Pre Sterilization)</b><br><br><div style="border: 1px solid black; padding: 5px; text-align: center; margin: 5px auto; width: 80%;"> AFFIX<br/>PRE-STERILIZATION<br/>LABEL HERE </div> |                                             | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> WARM UP CYCLE (When Applicable)<br/> <input type="checkbox"/> VACUUM LEAK RATE TEST<br/> <input type="checkbox"/> BOWE DICK (BI) TYPE TEST<br/> <input type="checkbox"/> INSTRUMENT CYCLE<br/> <input type="checkbox"/> PROCESS CHALLENGE DEVICE<br/> <input type="checkbox"/> BIOLOGICAL INDICATOR (BI)<br/> <input type="checkbox"/> SERVICE OR PERFORMANCE QUALIFICATION (PQ) </div> <div> NOTE: THE WARM UP KIT IS INTERCHANGEABLE WITH CASSETTE / TRAY </div> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>ENDO EQUIPMENT</td><td>BURS PACK/STAND</td><td>COMPOSITE GUN</td><td>QUETTES</td><td>RUBBER DAM FRAME</td></tr> <tr> <td>ENDO FILE PACK</td><td>HIGH SPEED COUPLING</td><td>CURING LIGHT TIP</td><td>ELEVATORS</td><td>RUBBER DAM CLAMPS</td></tr> <tr> <td>ENDO KIT</td><td>HIGH SPEED HANDPIECE</td><td>EVACUATOR ADAPTORS</td><td>ELEVATOR KITS</td><td>RUBBER DAM PUNCH</td></tr> <tr> <td>EXAM KIT</td><td>MOTOR</td><td>IMPRESSION TRAYS</td><td>EXTRACTION FORCEPS</td><td></td></tr> <tr> <td>HYGIENE/PERIO KIT</td><td>SLOW SPEED HANDPIECE</td><td>KETAC / GIC GUN</td><td>FORCEPS</td><td></td></tr> <tr> <td>ORAL SURGERY KIT</td><td>STRAIGHT HANDPIECE</td><td>MATRIX RETAINER</td><td>HAND SCALERS</td><td></td></tr> <tr> <td>PROPHY KIT</td><td>SURGICAL HANDPIECE</td><td>MIRROR</td><td>LAS YRANGE</td><td></td></tr> <tr> <td>RESTORATIVE KIT</td><td>TRIPLEX BODY</td><td>PROBE</td><td>LUXATOR</td><td></td></tr> <tr> <td>SUTURE KIT</td><td>TRIPLEX TIP</td><td>SCISSORS</td><td>NEEDLE HOLDERS</td><td></td></tr> <tr> <td></td><td>TRIPLEX BODY &amp; TIP</td><td>SPATULA</td><td>PLIERS</td><td></td></tr> <tr> <td></td><td></td><td>X-RAY HOLDERS</td><td>ULTRASONIC SHANK</td><td>CLEANING BRUSHES</td></tr> <tr> <td></td><td></td><td></td><td>ULTRASONIC TIP &amp; GUARD</td><td>TOTAL ITEMS LOADED</td></tr> </table> |                        |                    |  |  |  |  |  |  |  | ENDO EQUIPMENT   | BURS PACK/STAND | COMPOSITE GUN | QUETTES | RUBBER DAM FRAME                            | ENDO FILE PACK            | HIGH SPEED COUPLING                              | CURING LIGHT TIP | ELEVATORS | RUBBER DAM CLAMPS | ENDO KIT | HIGH SPEED HANDPIECE | EVACUATOR ADAPTORS | ELEVATOR KITS | RUBBER DAM PUNCH | EXAM KIT | MOTOR | IMPRESSION TRAYS | EXTRACTION FORCEPS |      | HYGIENE/PERIO KIT    | SLOW SPEED HANDPIECE | KETAC / GIC GUN                             | FORCEPS                                     |                                                 | ORAL SURGERY KIT        | STRAIGHT HANDPIECE                                   | MATRIX RETAINER       | HAND SCALERS |                         | PROPHY KIT | SURGICAL HANDPIECE | MIRROR | LAS YRANGE |  | RESTORATIVE KIT | TRIPLEX BODY | PROBE | LUXATOR |  | SUTURE KIT | TRIPLEX TIP | SCISSORS | NEEDLE HOLDERS |  |  | TRIPLEX BODY & TIP | SPATULA | PLIERS |  |  |  | X-RAY HOLDERS | ULTRASONIC SHANK | CLEANING BRUSHES |  |  |  | ULTRASONIC TIP & GUARD | TOTAL ITEMS LOADED |
| ENDO EQUIPMENT                                                                                                                                                                                                                                                                      | BURS PACK/STAND                             | COMPOSITE GUN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | QUETTES                | RUBBER DAM FRAME   |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |        |  |  |  |               |                  |                  |  |  |  |                        |                    |
| ENDO FILE PACK                                                                                                                                                                                                                                                                      | HIGH SPEED COUPLING                         | CURING LIGHT TIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ELEVATORS              | RUBBER DAM CLAMPS  |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |        |  |  |  |               |                  |                  |  |  |  |                        |                    |
| ENDO KIT                                                                                                                                                                                                                                                                            | HIGH SPEED HANDPIECE                        | EVACUATOR ADAPTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ELEVATOR KITS          | RUBBER DAM PUNCH   |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |        |  |  |  |               |                  |                  |  |  |  |                        |                    |
| EXAM KIT                                                                                                                                                                                                                                                                            | MOTOR                                       | IMPRESSION TRAYS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EXTRACTION FORCEPS     |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |        |  |  |  |               |                  |                  |  |  |  |                        |                    |
| HYGIENE/PERIO KIT                                                                                                                                                                                                                                                                   | SLOW SPEED HANDPIECE                        | KETAC / GIC GUN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FORCEPS                |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |        |  |  |  |               |                  |                  |  |  |  |                        |                    |
| ORAL SURGERY KIT                                                                                                                                                                                                                                                                    | STRAIGHT HANDPIECE                          | MATRIX RETAINER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | HAND SCALERS           |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |        |  |  |  |               |                  |                  |  |  |  |                        |                    |
| PROPHY KIT                                                                                                                                                                                                                                                                          | SURGICAL HANDPIECE                          | MIRROR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | LAS YRANGE             |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |        |  |  |  |               |                  |                  |  |  |  |                        |                    |
| RESTORATIVE KIT                                                                                                                                                                                                                                                                     | TRIPLEX BODY                                | PROBE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | LUXATOR                |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |        |  |  |  |               |                  |                  |  |  |  |                        |                    |
| SUTURE KIT                                                                                                                                                                                                                                                                          | TRIPLEX TIP                                 | SCISSORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NEEDLE HOLDERS         |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |        |  |  |  |               |                  |                  |  |  |  |                        |                    |
|                                                                                                                                                                                                                                                                                     | TRIPLEX BODY & TIP                          | SPATULA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PLIERS                 |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |        |  |  |  |               |                  |                  |  |  |  |                        |                    |
|                                                                                                                                                                                                                                                                                     |                                             | X-RAY HOLDERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ULTRASONIC SHANK       | CLEANING BRUSHES   |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |        |  |  |  |               |                  |                  |  |  |  |                        |                    |
|                                                                                                                                                                                                                                                                                     |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ULTRASONIC TIP & GUARD | TOTAL ITEMS LOADED |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |        |  |  |  |               |                  |                  |  |  |  |                        |                    |
| <b>UNLOADING</b><br><br><b>CONTROL POUCH BATCH LABEL (Post Sterilization)</b><br><br><div style="border: 1px solid black; padding: 5px; text-align: center; margin: 5px auto; width: 80%;"> AFFIX<br/>POST-STERILIZATION<br/>LABEL HERE </div>                                      |                                             | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center;">CYCLE PARAMETERS</th> </tr> <tr> <td>LENGTH OF STERILIZATION TIME (HOLDING TIME)</td> <td>STERILIZATION TEMPERATURE</td> <td>STERILIZATION PRESSURE (LARGE STEAM STERILIZERS)</td> <td>PRINTOUT</td> </tr> <tr> <td></td> <td></td> <td></td> <td>CYCLE</td> </tr> <tr> <td></td> <td></td> <td></td> <td>PASS</td> </tr> <tr> <td></td> <td></td> <td></td> <td>FAIL</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">LOAD RELEASE RESULTS</th> </tr> <tr> <td>PARAMETERS CHECKED <input type="checkbox"/></td> <td>TIME OF RELEASE: (when items removed) _____</td> </tr> <tr> <td>ITEMS VISUALLY CHECKED <input type="checkbox"/></td> <td>NUMBER (ITEMS RELEASED)</td> </tr> <tr> <td>CHEMICAL INDICATORS CHECKED <input type="checkbox"/></td> <td>NUMBER (ITEMS FAILED)</td> </tr> <tr> <td></td> <td>REASON FOR FAILED ITEMS</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                    |  |  |  |  |  |  |  | CYCLE PARAMETERS |                 |               |         | LENGTH OF STERILIZATION TIME (HOLDING TIME) | STERILIZATION TEMPERATURE | STERILIZATION PRESSURE (LARGE STEAM STERILIZERS) | PRINTOUT         |           |                   |          | CYCLE                |                    |               |                  | PASS     |       |                  |                    | FAIL | LOAD RELEASE RESULTS |                      | PARAMETERS CHECKED <input type="checkbox"/> | TIME OF RELEASE: (when items removed) _____ | ITEMS VISUALLY CHECKED <input type="checkbox"/> | NUMBER (ITEMS RELEASED) | CHEMICAL INDICATORS CHECKED <input type="checkbox"/> | NUMBER (ITEMS FAILED) |              | REASON FOR FAILED ITEMS |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |        |  |  |  |               |                  |                  |  |  |  |                        |                    |
| CYCLE PARAMETERS                                                                                                                                                                                                                                                                    |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |        |  |  |  |               |                  |                  |  |  |  |                        |                    |
| LENGTH OF STERILIZATION TIME (HOLDING TIME)                                                                                                                                                                                                                                         | STERILIZATION TEMPERATURE                   | STERILIZATION PRESSURE (LARGE STEAM STERILIZERS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PRINTOUT               |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |        |  |  |  |               |                  |                  |  |  |  |                        |                    |
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| LOAD RELEASE RESULTS                                                                                                                                                                                                                                                                |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |        |  |  |  |               |                  |                  |  |  |  |                        |                    |
| PARAMETERS CHECKED <input type="checkbox"/>                                                                                                                                                                                                                                         | TIME OF RELEASE: (when items removed) _____ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |        |  |  |  |               |                  |                  |  |  |  |                        |                    |
| ITEMS VISUALLY CHECKED <input type="checkbox"/>                                                                                                                                                                                                                                     | NUMBER (ITEMS RELEASED)                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |        |  |  |  |               |                  |                  |  |  |  |                        |                    |
| CHEMICAL INDICATORS CHECKED <input type="checkbox"/>                                                                                                                                                                                                                                | NUMBER (ITEMS FAILED)                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |        |  |  |  |               |                  |                  |  |  |  |                        |                    |
|                                                                                                                                                                                                                                                                                     | REASON FOR FAILED ITEMS                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |        |  |  |  |               |                  |                  |  |  |  |                        |                    |
| <b>CONTROL POUCH - CLASS 5/6 INDICATORS</b><br>PASS <input type="checkbox"/> FAIL <input type="checkbox"/>                                                                                                                                                                          |                                             | <div> AFTER STERILIZATION CHECKED BY: _____<br/> PRINT NAME: _____<br/> SIGNATURE: _____ </div> <div> QUALITY ASSURANCE CHECK - REVIEWED BY: _____<br/> PRINT NAME: _____<br/> DATE: / / </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |        |  |  |  |               |                  |                  |  |  |  |                        |                    |

**SECOND CYCLE RECORD  
ON THE PAGE**

| M T W T F S S<br>(circle day)                                                                                                                                                                                                                                                       |                                             | TICK APPROPRIATE TYPE OF CYCLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |                  |                  |  |  |               |                        |                    |
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| <b>CYCLE DETAILS</b><br>DATE: _____<br><br><b>CYCLE NUMBER:</b> _____<br><br><b>BATCH LABEL (Pre Sterilization)</b><br><br><div style="border: 1px solid black; padding: 5px; text-align: center; margin: 5px auto; width: 80%;"> AFFIX<br/>PRE-STERILIZATION<br/>LABEL HERE </div> |                                             | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> WARM UP CYCLE (When Applicable)<br/> <input type="checkbox"/> VACUUM LEAK RATE TEST<br/> <input type="checkbox"/> BOWE DICK (BI) TYPE TEST<br/> <input type="checkbox"/> INSTRUMENT CYCLE<br/> <input type="checkbox"/> PROCESS CHALLENGE DEVICE<br/> <input type="checkbox"/> BIOLOGICAL INDICATOR (BI)<br/> <input type="checkbox"/> SERVICE OR PERFORMANCE QUALIFICATION (PQ) </div> <div> NOTE: THE WARM UP KIT IS INTERCHANGEABLE WITH CASSETTE / TRAY </div> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>ENDO EQUIPMENT</td><td>BURS PACK/STAND</td><td>COMPOSITE GUN</td><td>QUETTES</td><td>RUBBER DAM FRAME</td></tr> <tr> <td>ENDO FILE PACK</td><td>HIGH SPEED COUPLING</td><td>CURING LIGHT TIP</td><td>ELEVATORS</td><td>RUBBER DAM CLAMPS</td></tr> <tr> <td>ENDO KIT</td><td>HIGH SPEED HANDPIECE</td><td>EVACUATOR ADAPTORS</td><td>ELEVATOR KITS</td><td>RUBBER DAM PUNCH</td></tr> <tr> <td>EXAM KIT</td><td>MOTOR</td><td>IMPRESSION TRAYS</td><td>EXTRACTION FORCEPS</td><td></td></tr> <tr> <td>HYGIENE/PERIO KIT</td><td>SLOW SPEED HANDPIECE</td><td>KETAC / GIC GUN</td><td>FORCEPS</td><td></td></tr> <tr> <td>ORAL SURGERY KIT</td><td>STRAIGHT HANDPIECE</td><td>MATRIX RETAINER</td><td>HAND SCALERS</td><td></td></tr> <tr> <td>PROPHY KIT</td><td>SURGICAL HANDPIECE</td><td>MIRROR</td><td>LAS YRANGE</td><td></td></tr> <tr> <td>RESTORATIVE KIT</td><td>TRIPLEX BODY</td><td>PROBE</td><td>LUXATOR</td><td></td></tr> <tr> <td>SUTURE KIT</td><td>TRIPLEX TIP</td><td>SCISSORS</td><td>NEEDLE HOLDERS</td><td></td></tr> <tr> <td></td><td>TRIPLEX BODY &amp; TIP</td><td>SPATULA</td><td>ULTRASONIC SHANK</td><td>CLEANING BRUSHES</td></tr> <tr> <td></td><td></td><td>X-RAY HOLDERS</td><td>ULTRASONIC TIP &amp; GUARD</td><td>TOTAL ITEMS LOADED</td></tr> </table> |                        |                    |  |  |  |  |  |  |  | ENDO EQUIPMENT   | BURS PACK/STAND | COMPOSITE GUN | QUETTES | RUBBER DAM FRAME                            | ENDO FILE PACK            | HIGH SPEED COUPLING                              | CURING LIGHT TIP | ELEVATORS | RUBBER DAM CLAMPS | ENDO KIT | HIGH SPEED HANDPIECE | EVACUATOR ADAPTORS | ELEVATOR KITS | RUBBER DAM PUNCH | EXAM KIT | MOTOR | IMPRESSION TRAYS | EXTRACTION FORCEPS |      | HYGIENE/PERIO KIT    | SLOW SPEED HANDPIECE | KETAC / GIC GUN                             | FORCEPS                                     |                                                 | ORAL SURGERY KIT        | STRAIGHT HANDPIECE                                   | MATRIX RETAINER       | HAND SCALERS |                         | PROPHY KIT | SURGICAL HANDPIECE | MIRROR | LAS YRANGE |  | RESTORATIVE KIT | TRIPLEX BODY | PROBE | LUXATOR |  | SUTURE KIT | TRIPLEX TIP | SCISSORS | NEEDLE HOLDERS |  |  | TRIPLEX BODY & TIP | SPATULA | ULTRASONIC SHANK | CLEANING BRUSHES |  |  | X-RAY HOLDERS | ULTRASONIC TIP & GUARD | TOTAL ITEMS LOADED |
| ENDO EQUIPMENT                                                                                                                                                                                                                                                                      | BURS PACK/STAND                             | COMPOSITE GUN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | QUETTES                | RUBBER DAM FRAME   |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |                  |                  |  |  |               |                        |                    |
| ENDO FILE PACK                                                                                                                                                                                                                                                                      | HIGH SPEED COUPLING                         | CURING LIGHT TIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ELEVATORS              | RUBBER DAM CLAMPS  |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |                  |                  |  |  |               |                        |                    |
| ENDO KIT                                                                                                                                                                                                                                                                            | HIGH SPEED HANDPIECE                        | EVACUATOR ADAPTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ELEVATOR KITS          | RUBBER DAM PUNCH   |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |                  |                  |  |  |               |                        |                    |
| EXAM KIT                                                                                                                                                                                                                                                                            | MOTOR                                       | IMPRESSION TRAYS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | EXTRACTION FORCEPS     |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |                  |                  |  |  |               |                        |                    |
| HYGIENE/PERIO KIT                                                                                                                                                                                                                                                                   | SLOW SPEED HANDPIECE                        | KETAC / GIC GUN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FORCEPS                |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |                  |                  |  |  |               |                        |                    |
| ORAL SURGERY KIT                                                                                                                                                                                                                                                                    | STRAIGHT HANDPIECE                          | MATRIX RETAINER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | HAND SCALERS           |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |                  |                  |  |  |               |                        |                    |
| PROPHY KIT                                                                                                                                                                                                                                                                          | SURGICAL HANDPIECE                          | MIRROR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LAS YRANGE             |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |                  |                  |  |  |               |                        |                    |
| RESTORATIVE KIT                                                                                                                                                                                                                                                                     | TRIPLEX BODY                                | PROBE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LUXATOR                |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |                  |                  |  |  |               |                        |                    |
| SUTURE KIT                                                                                                                                                                                                                                                                          | TRIPLEX TIP                                 | SCISSORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NEEDLE HOLDERS         |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |                  |                  |  |  |               |                        |                    |
|                                                                                                                                                                                                                                                                                     | TRIPLEX BODY & TIP                          | SPATULA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ULTRASONIC SHANK       | CLEANING BRUSHES   |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |                  |                  |  |  |               |                        |                    |
|                                                                                                                                                                                                                                                                                     |                                             | X-RAY HOLDERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ULTRASONIC TIP & GUARD | TOTAL ITEMS LOADED |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |                  |                  |  |  |               |                        |                    |
| <b>UNLOADING</b><br><br><b>CONTROL POUCH BATCH LABEL (Post Sterilization)</b><br><br><div style="border: 1px solid black; padding: 5px; text-align: center; margin: 5px auto; width: 80%;"> AFFIX<br/>POST-STERILIZATION<br/>LABEL HERE </div>                                      |                                             | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center;">CYCLE PARAMETERS</th> </tr> <tr> <td>LENGTH OF STERILIZATION TIME (HOLDING TIME)</td> <td>STERILIZATION TEMPERATURE</td> <td>STERILIZATION PRESSURE (LARGE STEAM STERILIZERS)</td> <td>PRINTOUT</td> </tr> <tr> <td></td> <td></td> <td></td> <td>CYCLE</td> </tr> <tr> <td></td> <td></td> <td></td> <td>PASS</td> </tr> <tr> <td></td> <td></td> <td></td> <td>FAIL</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">LOAD RELEASE RESULTS</th> </tr> <tr> <td>PARAMETERS CHECKED <input type="checkbox"/></td> <td>TIME OF RELEASE: (when items removed) _____</td> </tr> <tr> <td>ITEMS VISUALLY CHECKED <input type="checkbox"/></td> <td>NUMBER (ITEMS RELEASED)</td> </tr> <tr> <td>CHEMICAL INDICATORS CHECKED <input type="checkbox"/></td> <td>NUMBER (ITEMS FAILED)</td> </tr> <tr> <td></td> <td>REASON FOR FAILED ITEMS</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                    |  |  |  |  |  |  |  | CYCLE PARAMETERS |                 |               |         | LENGTH OF STERILIZATION TIME (HOLDING TIME) | STERILIZATION TEMPERATURE | STERILIZATION PRESSURE (LARGE STEAM STERILIZERS) | PRINTOUT         |           |                   |          | CYCLE                |                    |               |                  | PASS     |       |                  |                    | FAIL | LOAD RELEASE RESULTS |                      | PARAMETERS CHECKED <input type="checkbox"/> | TIME OF RELEASE: (when items removed) _____ | ITEMS VISUALLY CHECKED <input type="checkbox"/> | NUMBER (ITEMS RELEASED) | CHEMICAL INDICATORS CHECKED <input type="checkbox"/> | NUMBER (ITEMS FAILED) |              | REASON FOR FAILED ITEMS |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |                  |                  |  |  |               |                        |                    |
| CYCLE PARAMETERS                                                                                                                                                                                                                                                                    |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |                  |                  |  |  |               |                        |                    |
| LENGTH OF STERILIZATION TIME (HOLDING TIME)                                                                                                                                                                                                                                         | STERILIZATION TEMPERATURE                   | STERILIZATION PRESSURE (LARGE STEAM STERILIZERS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PRINTOUT               |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |                  |                  |  |  |               |                        |                    |
|                                                                                                                                                                                                                                                                                     |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CYCLE                  |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |                  |                  |  |  |               |                        |                    |
|                                                                                                                                                                                                                                                                                     |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PASS                   |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |                  |                  |  |  |               |                        |                    |
|                                                                                                                                                                                                                                                                                     |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FAIL                   |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |                  |                  |  |  |               |                        |                    |
| LOAD RELEASE RESULTS                                                                                                                                                                                                                                                                |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |                  |                  |  |  |               |                        |                    |
| PARAMETERS CHECKED <input type="checkbox"/>                                                                                                                                                                                                                                         | TIME OF RELEASE: (when items removed) _____ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |                  |                  |  |  |               |                        |                    |
| ITEMS VISUALLY CHECKED <input type="checkbox"/>                                                                                                                                                                                                                                     | NUMBER (ITEMS RELEASED)                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |                  |                  |  |  |               |                        |                    |
| CHEMICAL INDICATORS CHECKED <input type="checkbox"/>                                                                                                                                                                                                                                | NUMBER (ITEMS FAILED)                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |                  |                  |  |  |               |                        |                    |
|                                                                                                                                                                                                                                                                                     | REASON FOR FAILED ITEMS                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |                  |                  |  |  |               |                        |                    |
| <b>CONTROL POUCH - CLASS 5/6 INDICATORS</b><br>PASS <input type="checkbox"/> FAIL <input type="checkbox"/>                                                                                                                                                                          |                                             | <div> AFTER STERILIZATION CHECKED BY: _____<br/> PRINT NAME: _____<br/> SIGNATURE: _____ </div> <div> QUALITY ASSURANCE CHECK - REVIEWED BY: _____<br/> PRINT NAME: _____<br/> DATE: / / </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                    |  |  |  |  |  |  |  |                  |                 |               |         |                                             |                           |                                                  |                  |           |                   |          |                      |                    |               |                  |          |       |                  |                    |      |                      |                      |                                             |                                             |                                                 |                         |                                                      |                       |              |                         |            |                    |        |            |  |                 |              |       |         |  |            |             |          |                |  |  |                    |         |                  |                  |  |  |               |                        |                    |

**Austmel** T: 1800 074 085  
F: 07 5597 5244  
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AUDIT Relevant Signatures Present YES ☐ NO ☐ All Information Complete YES ☐ NO ☐  
Sign \_\_\_\_\_ Name \_\_\_\_\_  
RE-ORDER CODE: **MHBROOH**

## 7. Documenting the preparation of the sterilizer

One of the main principles of the sterilizing cycle record book is that everything should be complete and accounted for. It is important to account for each and every cycle that is run in a sterilizer and if this is not completed it could be possible for critical activities to be overlooked.

There are different types of cycles for different purposes.

To account for **each cycle** means that the

- warm-up tests
- vacuum/leak rate tests
- Bowie-Dick type tests
- service technician/operational and performance qualification cycles

**must be recorded using a separate cycle record.**

## Warm up cycle (If applicable)

- Step 1.** When more than one sterilizer is present in the facility, insert the allocated sterilizer number for which this book should be used. This will assist staff to identify and use the correct sterilizing cycle record book.
- Step 2.** Circle the letter that represents the day. M (Monday), T (Tuesday), W (Wednesday), T (Thursday) F (Friday) S (Saturday) S (Sunday).
- Step 3.** Enter the date. Entering the wrong date is a common error. Tip. If unsure, check your mobile phone or computer calendar for the correct date.
- Step 4.** Tick the warm up cycle box. Note: each type of preparation cycle/test requires a separate sterilizing cycle record to be completed.

| QUEENSLAND HEALTH STERILIZER CYCLE RECORD |                            |                                                         |                                |                                                                         |                                                    |                                                       |                                                                 |                                                         |                                                       |
|-------------------------------------------|----------------------------|---------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------|
| 1                                         |                            | DISTRICT / FACILITY STERILIZER No. <input type="text"/> |                                |                                                                         |                                                    | FOLIO SERIAL No. AA                                   |                                                                 |                                                         |                                                       |
| 2                                         | M T W T F S S              |                                                         | TICK APPROPRIATE TYPE OF CYCLE |                                                                         |                                                    |                                                       |                                                                 |                                                         |                                                       |
|                                           | (circle day)               |                                                         | 4                              | WARM UP CYCLE<br>(Where Applicable) <input checked="" type="checkbox"/> | VACUUM/<br>LEAK RATE TEST <input type="checkbox"/> | BOWIE DICK (BD)<br>TYPE TEST <input type="checkbox"/> | INSTRUMENT CYCLE<br>CYCLE TYPE OR CODE <input type="checkbox"/> | PROCESS<br>CHALLENGE<br>DEVICE <input type="checkbox"/> | BIOLOGICAL<br>INDICATOR (BI) <input type="checkbox"/> |
| 3                                         | DATE: <input type="text"/> |                                                         |                                |                                                                         |                                                    |                                                       |                                                                 |                                                         |                                                       |

- Step 5.** Determine what the next cycle number should be, based on the type of cycle selected, and enter this number. Generally the number is determined by noting the previous sterilization printout/record number and add one number.
- Step 6.** Place an unprocessed batch label showing the allocated sterilizer ID, allocated sterilization batch cycle number and date of sterilization in to the sterilizer cycle record book.

|   |                                                                                                                                                   |                      |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 5 | CYCLE NUMBER:                                                                                                                                     | <input type="text"/> |
|   | BATCH LABEL<br>(Pre Sterilization)                                                                                                                |                      |
| 6 | <div style="border: 1px solid black; padding: 10px; text-align: center;">             AFFIX<br/>PRE-STERILIZATION<br/>LABEL HERE           </div> |                      |

- Step 7** Place a line through the item content field – This indicates that the chamber did not contain any instruments.
- Step 8.** On completion of the warm up cycle, examine the record/printout to ascertain if the parameters have been met (passed) or not. Tick the appropriate box for PASS or FAIL.
- Step 9.** In the CYCLE box, tick the appropriate box for PASS or FAIL. The cycle box allows the operator to PASS or FAIL a cycle based on other visual indicators. This box is very important for Bowie Dick test cycles and instrument cycles.
- Step 10.** The person who is checking the results of the warm up cycle, prints their name, signs and dates the cycle record.

## Example of a warm up cycle record

| 1 QUEENSLAND HEALTH STERILIZER CYCLE RECORD    |                                    |                                                      |                                                                                                         |                                                  |                                                 |                                        |                                                    |  |                                           | FOLIO         |                                                   |  |
|------------------------------------------------|------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------|----------------------------------------|----------------------------------------------------|--|-------------------------------------------|---------------|---------------------------------------------------|--|
| DISTRICT / FACILITY STERILIZER No. _____       |                                    |                                                      |                                                                                                         |                                                  |                                                 |                                        |                                                    |  |                                           | SERIAL No. AA |                                                   |  |
| 2<br>3<br>5<br>6<br>LOADING                    | M T W T F S S<br>(circle day)      |                                                      | 4 TYPE OF CYCLE                                                                                         |                                                  |                                                 |                                        |                                                    |  |                                           |               |                                                   |  |
|                                                | DATE: _____                        |                                                      | WARM UP CYCLE (Where Applicable) <input type="checkbox"/>                                               |                                                  | VACUUM/ LEAK RATE TEST <input type="checkbox"/> |                                        | BOWIE DICK (BD) TYPE TEST <input type="checkbox"/> |  | INSTRUMENT CYCLE <input type="checkbox"/> |               | PROCESS CHALLENGE DEVICE <input type="checkbox"/> |  |
|                                                | CYCLE NUMBER: _____                |                                                      | BIOLOGICAL INDICATOR (BI) <input type="checkbox"/>                                                      |                                                  |                                                 |                                        |                                                    |  |                                           |               |                                                   |  |
|                                                | BATCH LABEL (Pre Sterilization)    |                                                      | SERVICE OR PERFORMANCE QUALIFICATION (PO) <input type="checkbox"/>                                      |                                                  |                                                 |                                        |                                                    |  |                                           |               |                                                   |  |
|                                                | AFFIX PRE-STERILIZATION LABEL HERE |                                                      | ITEMISE ALL ITEMS THAT ARE TO BE STERILIZED. NOTE: THE WORD KIT IS INTERCHANGEABLE WITH CASSETTE / TRAY |                                                  |                                                 |                                        |                                                    |  |                                           |               |                                                   |  |
|                                                |                                    |                                                      | ENDO EQUIPMENT                                                                                          | BURS PACK/STAND                                  | COMPOSITE GUN                                   | CURETTES                               | RUBBER DAM FRAME                                   |  |                                           |               |                                                   |  |
|                                                |                                    |                                                      | ENDO FILE PACK                                                                                          | HIGH SPEED COUPLING                              | CURING LIGHT TIP                                | ELEVATORS                              | RUBBER DAM CLAMPS                                  |  |                                           |               |                                                   |  |
|                                                |                                    |                                                      | ENDO KIT                                                                                                | HIGH SPEED HANDPIECE                             | EVAUATION ADAPTORS                              | ELEVATOR KITS                          | RUBBER DAM PUNCH                                   |  |                                           |               |                                                   |  |
|                                                |                                    |                                                      | EXAM KIT                                                                                                | MOTOR                                            | IMPRESSION TRAYS                                | EXTRACTION FORCEPS                     |                                                    |  |                                           |               |                                                   |  |
|                                                | UNLOADING                          | AFFIX POST-STERILIZATION LABEL HERE                  |                                                                                                         | HYGIENE/PERIO KIT                                | SLOW SPEED HANDPIECE                            | KETAC / GIC GUN                        | FORCEPS                                            |  |                                           |               |                                                   |  |
| ORAL SURGERY KIT                               |                                    |                                                      |                                                                                                         | STRAIGHT HANDPIECE                               | MATRIX RETAINER                                 | HAND SCALERS                           |                                                    |  |                                           |               |                                                   |  |
| PROPHY KIT                                     |                                    |                                                      |                                                                                                         | SURGICAL HANDPIECE                               | MIRROR                                          | LA SYRINGE                             |                                                    |  |                                           |               |                                                   |  |
| RESTORATIVE KIT                                |                                    |                                                      |                                                                                                         | TRIPLEX BODY                                     | PROBE                                           | LUXATOR                                |                                                    |  |                                           |               |                                                   |  |
| SUTURE KIT                                     |                                    |                                                      |                                                                                                         | TRIPLEX TIP                                      | SCISSORS                                        | NEEDLE HOLDERS                         |                                                    |  |                                           |               |                                                   |  |
|                                                |                                    |                                                      | TRIPLEX BODY & TIP                                                                                      | SPATULA                                          | PLIERS                                          |                                        |                                                    |  |                                           |               |                                                   |  |
|                                                |                                    |                                                      |                                                                                                         | X-RAY HOLDERS                                    | ULTRASONIC SHANK                                | CLEANING BRUSHES                       |                                                    |  |                                           |               |                                                   |  |
|                                                |                                    |                                                      |                                                                                                         | ULTRASONIC TIP & GUARD                           | TOTAL ITEMS LOADED                              |                                        |                                                    |  |                                           |               |                                                   |  |
| SIGNATURE OF PERSON LOADING: _____             |                                    | PRINTED NAME: _____                                  |                                                                                                         | COMMENTS                                         |                                                 |                                        |                                                    |  |                                           |               |                                                   |  |
| CONTROL POUCH BATCH LABEL (Post Sterilization) |                                    | CYCLE PARAMETERS                                     |                                                                                                         |                                                  |                                                 |                                        |                                                    |  |                                           |               |                                                   |  |
| AFFIX POST-STERILIZATION LABEL HERE            |                                    | LENGTH OF STERILIZATION TIME (HOLDING TIME)          | STERILIZATION TEMPERATURE                                                                               | STERILIZATION PRESSURE (LARGE STEAM STERILIZERS) | PRINTOUT 8                                      | CYCLE 9                                |                                                    |  |                                           |               |                                                   |  |
|                                                |                                    |                                                      |                                                                                                         |                                                  | PASS                                            | PASS                                   |                                                    |  |                                           |               |                                                   |  |
| CONTROL POUCH - CLASS 5/6 INDICATORS           |                                    | LOAD RELEASE RESULTS                                 |                                                                                                         |                                                  |                                                 |                                        |                                                    |  |                                           |               |                                                   |  |
|                                                |                                    | PARAMETERS CHECKED <input type="checkbox"/>          | TIME OF RELEASE: (when items removed) _____                                                             |                                                  | NUMBER ITEMS RELEASED                           |                                        |                                                    |  |                                           |               |                                                   |  |
|                                                |                                    | ITEMS VISUALLY CHECKED <input type="checkbox"/>      |                                                                                                         |                                                  | NUMBER ITEMS FAILED                             |                                        |                                                    |  |                                           |               |                                                   |  |
|                                                |                                    | CHEMICAL INDICATORS CHECKED <input type="checkbox"/> | PLACED IN COOLING AREA <input type="checkbox"/>                                                         |                                                  | REASON FOR FAILED ITEMS                         |                                        |                                                    |  |                                           |               |                                                   |  |
| PASS                                           |                                    | AFTER STERILIZATION CHECKED BY: 10                   |                                                                                                         |                                                  |                                                 | QUALITY ASSURANCE CHECK - REVIEWED BY: |                                                    |  |                                           |               |                                                   |  |
| FAIL                                           |                                    | PRINT NAME: _____                                    |                                                                                                         |                                                  |                                                 | PRINT NAME: _____                      |                                                    |  |                                           |               |                                                   |  |
|                                                |                                    | SIGNATURE: _____                                     |                                                                                                         |                                                  |                                                 | DATE: / /                              |                                                    |  |                                           |               |                                                   |  |
|                                                |                                    |                                                      |                                                                                                         |                                                  |                                                 | DATE: / /                              |                                                    |  |                                           |               |                                                   |  |

ATTACH PRINTOUTS and any other evidence

## Vacuum/leak rate test cycle

### USE THE NEXT CYCLE RECORD

If the sterilizer is a pre vacuum sterilizer, a vacuum/leak rate test will be required. Depending on whether or not the sterilizer has an air detector fitted will depend on the frequency of the vacuum/leak rate test.

- Step 1.** When more than one sterilizer is present in the facility, insert the allocated sterilizer number for which this book should be used. This will assist staff to identify and use the correct sterilizing cycle record book.
- Step 2.** Circle the letter that represents the day. M (Monday), T (Tuesday), W (Wednesday), T (Thursday) F (Friday) S (Saturday) S (Sunday).
- Step 3.** Entering the wrong date is a common error. Tip. If unsure, check your mobile phone or computer calendar for the correct date.
- Step 4.** Place a tick in the box that indicates a Vacuum/Leak Rate test.

| QUEENSLAND HEALTH STERILIZER CYCLE RECORD                                                               |                               | FOLIO SERIAL No. AA                                                                                                                                                                                                                                                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DISTRICT / FACILITY STERILIZER No. [ ]                                                                  |                               |                                                                                                                                                                                                                                                                                                                                                                                          |  |
| FILE DETAILS                                                                                            | M T W T F S S<br>(circle day) | TICK APPROPRIATE TYPE OF CYCLE                                                                                                                                                                                                                                                                                                                                                           |  |
|                                                                                                         | DATE: [ ]/[ ]/[ ]             | WARM UP CYCLE (Where Applicable) <input type="checkbox"/> VACUUM/LEAK RATE TEST <input checked="" type="checkbox"/> BOWIE DICK (BD) TYPE TEST <input type="checkbox"/> INSTRUMENT CYCLE <input type="checkbox"/> PROCESS CHALLENGE DEVICE <input type="checkbox"/> BIOLOGICAL INDICATOR (Bi) <input type="checkbox"/> SERVICE OR PERFORMANCE QUALIFICATION (PQ) <input type="checkbox"/> |  |
| ITEMISE ALL ITEMS THAT ARE TO BE STERILIZED. NOTE: THE WORD KIT IS INTERCHANGEABLE WITH CASSETTE / TRAY |                               |                                                                                                                                                                                                                                                                                                                                                                                          |  |

- Step 5.** Determine what the next cycle number should be, based on the type of cycle selected, and enter this number. Generally the number is determined by noting the previous sterilization printout/record number and add one number.

Note: Some sterilizer manufacturer's test cycles such as the Bowie Dick type test (BD) and vacuum/leak rate tests may not use a new cycle number – only the sterilization cycles have dedicated cycle numbers. So if this is the case, you will continue to use the previous cycle number for these test cycles. For example, if the last recorded cycle number was 761 and the next cycle you will be performing is a vacuum test, the vacuum test will be recorded as 761. Then if the Bowie Dick type test cycle is to be performed, that test cycle will also be recorded as 761. Remember there has only been **one sterilizing cycle** with a cycle number of 761.

- Step 6.** Place an unprocessed batch label showing the allocated sterilizer ID, allocated sterilization batch cycle number and date of sterilization in to the sterilizer cycle record book. (This helps to keep the batch label gun number in sequence)
- Step 7.** Place a line through the item content field – This indicates that the chamber did not contain any instruments.
- Step 8.** On completion examine the vacuum/leak rate test cycle record/printout to ascertain if the parameters have been met (passed) or not. Tick the appropriate box for PASS or FAIL.
- Step 9.** In the CYCLE box, tick the appropriate box for PASS or FAIL. The cycle box allows the operator to PASS or FAIL a cycle based on other visual indicators. This box is very important for Bowie Dick test cycles and instrument cycles.

**Step 10.** The person who is checking the results of the vacuum/leak rate cycle, prints their name, signs and dates the cycle record.

## Example of a vacuum/leak rate test cycle record

| QUEENSLAND HEALTH STERILIZER CYCLE RECORD  |                                                |                                    |                                                                                                         |                    |                                                            |                     |                                                    |                        |                                           | FOLIO SERIAL No. <b>AA</b> |                                                   |  |  |
|--------------------------------------------|------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------|---------------------|----------------------------------------------------|------------------------|-------------------------------------------|----------------------------|---------------------------------------------------|--|--|
| 1 DISTRICT / FACILITY STERILIZER No. _____ |                                                |                                    |                                                                                                         |                    |                                                            |                     |                                                    |                        |                                           |                            |                                                   |  |  |
| 2<br>3<br>5<br>6<br>LOADING                | M T W T F S S<br>(circle day)                  |                                    | 4 TICK APPROPRIATE TYPE OF CYCLE                                                                        |                    |                                                            |                     |                                                    |                        |                                           |                            |                                                   |  |  |
|                                            | DATE: _____                                    |                                    | WARM UP CYCLE (Where Applicable) <input type="checkbox"/>                                               |                    | VACUUM/ LEAK RATE TEST <input checked="" type="checkbox"/> |                     | BOWIE DICK (BD) TYPE TEST <input type="checkbox"/> |                        | INSTRUMENT CYCLE <input type="checkbox"/> |                            | PROCESS CHALLENGE DEVICE <input type="checkbox"/> |  |  |
|                                            | CYCLE NUMBER: _____                            |                                    | ITEMISE ALL ITEMS THAT ARE TO BE STERILIZED. NOTE: THE WORD KIT IS INTERCHANGEABLE WITH CASSETTE / TRAY |                    |                                                            |                     |                                                    |                        |                                           |                            |                                                   |  |  |
|                                            | BATCH LABEL (Pre Sterilization)                |                                    | ENDO EQUIPMENT                                                                                          |                    | BURS PACK/STAND                                            |                     | COMPOSITE GUN                                      |                        | CURETTES                                  |                            | RUBBER DAM FRAME                                  |  |  |
|                                            |                                                |                                    | ENDO FILE PACK                                                                                          |                    | HIGH SPEED COUPLING                                        |                     | CURING LIGHT TIP                                   |                        | ELEVATORS                                 |                            | RUBBER DAM CLAMPS                                 |  |  |
|                                            |                                                |                                    | ENDO KIT                                                                                                |                    | HIGH SPEED HANDPIECE                                       |                     | EVACUATION ADAPTORS                                |                        | ELEVATOR KITS                             |                            | RUBBER DAM PUNCH                                  |  |  |
|                                            |                                                |                                    | EXAM KIT                                                                                                |                    | MOTOR                                                      |                     | IMPRESSION TRAYS                                   |                        | EXTRACTION FORCEPS                        |                            |                                                   |  |  |
|                                            |                                                |                                    | HYGIENE/PERIO KIT                                                                                       |                    | SLOW SPEED HANDPIECE                                       |                     | KETAC / GIC GUN                                    |                        | FORCEPS                                   |                            |                                                   |  |  |
|                                            |                                                |                                    | ORAL SURGERY KIT                                                                                        |                    | STRAIGHT HANDPIECE                                         |                     | MATRIX RETAINER                                    |                        | HAND SCALERS                              |                            |                                                   |  |  |
|                                            |                                                |                                    | PROPHY KIT                                                                                              |                    | SURGICAL HANDPIECE                                         |                     | MIRROR                                             |                        | LA SYRINGE                                |                            |                                                   |  |  |
|                                            |                                                | RESTORATIVE KIT                    |                                                                                                         | TRIPLEX BODY       |                                                            | PROBE               |                                                    | LUXATOR                |                                           |                            |                                                   |  |  |
|                                            |                                                | SUTURE KIT                         |                                                                                                         | TRIPLEX TIP        |                                                            | SCISSORS            |                                                    | NEEDLE HOLDERS         |                                           |                            |                                                   |  |  |
|                                            |                                                |                                    |                                                                                                         | TRIPLEX BODY & TIP |                                                            | SPATULA             |                                                    | PLIERS                 |                                           |                            |                                                   |  |  |
|                                            |                                                |                                    |                                                                                                         |                    |                                                            | X-RAY HOLDERS       |                                                    | ULTRASONIC SHANK       |                                           | CLEANING BRUSHES           |                                                   |  |  |
|                                            |                                                |                                    |                                                                                                         |                    |                                                            |                     |                                                    | ULTRASONIC TIP & GUARD |                                           | TOTAL ITEMS LOADED         |                                                   |  |  |
|                                            |                                                | SIGNATURE OF PERSON LOADING: _____ |                                                                                                         |                    |                                                            | PRINTED NAME: _____ |                                                    |                        |                                           | COMMENTS                   |                                                   |  |  |
| UNLOADING                                  | CONTROL POUCH BATCH LABEL (Post Sterilization) |                                    | CYCLE PARAMETERS                                                                                        |                    |                                                            |                     |                                                    |                        |                                           |                            |                                                   |  |  |
|                                            |                                                |                                    | LENGTH OF STERILIZATION TIME (HOLDING TIME)                                                             |                    | STERILIZATION TEMPERATURE                                  |                     | STERILIZATION PRESSURE (LARGE STEAM STERILIZERS)   |                        | PRINTOUT                                  |                            | CYCLE                                             |  |  |
|                                            |                                                |                                    |                                                                                                         |                    |                                                            |                     |                                                    |                        | PASS                                      |                            | PASS                                              |  |  |
|                                            |                                                |                                    |                                                                                                         |                    |                                                            |                     |                                                    |                        | FAIL                                      |                            | FAIL                                              |  |  |
|                                            |                                                |                                    | LOAD RELEASE RESULTS                                                                                    |                    |                                                            |                     |                                                    |                        |                                           |                            |                                                   |  |  |
|                                            |                                                |                                    | PARAMETERS CHECKED <input type="checkbox"/>                                                             |                    | TIME OF RELEASE: (when items removed) _____ : _____        |                     |                                                    |                        | NUMBER ITEMS RELEASED                     |                            |                                                   |  |  |
|                                            |                                                |                                    | ITEMS VISUALLY CHECKED <input type="checkbox"/>                                                         |                    |                                                            |                     |                                                    |                        | NUMBER ITEMS FAILED                       |                            |                                                   |  |  |
|                                            |                                                |                                    | CHEMICAL INDICATORS CHECKED <input type="checkbox"/>                                                    |                    | PLACED IN COOLING AREA <input type="checkbox"/>            |                     |                                                    |                        | REASON FOR FAILED ITEMS                   |                            |                                                   |  |  |
|                                            |                                                |                                    | CONTROL POUCH - CLASS 5/6 INDICATORS                                                                    |                    |                                                            |                     |                                                    |                        |                                           |                            |                                                   |  |  |
|                                            |                                                |                                    | PASS                                                                                                    |                    | AFTER STERILIZATION CHECKED BY: 10                         |                     |                                                    |                        | QUALITY ASSURANCE CHECK - REVIEWED BY:    |                            |                                                   |  |  |
|                                            |                                                | FAIL                               |                                                                                                         | PRINT NAME: _____  |                                                            |                     |                                                    | PRINT NAME: _____      |                                           |                            |                                                   |  |  |
|                                            |                                                | SIGNATURE: _____                   |                                                                                                         |                    |                                                            | DATE: / /           |                                                    |                        |                                           | DATE: / /                  |                                                   |  |  |

## Bowie Dick type test

### USE THE NEXT CYCLE RECORD

If the sterilizer is a pre vacuum sterilizer, a daily Bowie Dick type test is required.

- Step 1.** When more than one sterilizer is present in the facility, insert the allocated sterilizer number for which this book should be used. This will assist staff to identify and use the correct sterilizing cycle record book.
- Step 2.** Circle the letter that represents the day. M (Monday), T (Tuesday), W (Wednesday), T (Thursday) F (Friday) S (Saturday) S (Sunday).
- Step 3.** Entering the wrong date is a common error. Tip. If unsure, check your mobile phone or computer calendar for the correct date.
- Step 4.** Place a tick in the box that indicates Bowie Dick Type test section.

| QUEENSLAND HEALTH STERILIZER CYCLE RECORD                                                               |                               |  |                                                              |  |                                                    |  |                                                                  |                                                         |                                                                 |                                                       |  |                                                                          |  |
|---------------------------------------------------------------------------------------------------------|-------------------------------|--|--------------------------------------------------------------|--|----------------------------------------------------|--|------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------|--|--------------------------------------------------------------------------|--|
| DISTRICT / FACILITY STERILIZER No. <span style="border: 1px solid black; padding: 2px;"> </span>        |                               |  |                                                              |  |                                                    |  |                                                                  |                                                         |                                                                 |                                                       |  |                                                                          |  |
| FOLIO SERIAL No. <b>AA</b>                                                                              |                               |  |                                                              |  |                                                    |  |                                                                  |                                                         |                                                                 |                                                       |  |                                                                          |  |
| FILE DETAILS                                                                                            | 1                             |  | 2                                                            |  | 3                                                  |  | 4                                                                |                                                         |                                                                 |                                                       |  |                                                                          |  |
|                                                                                                         | M T W T F S S<br>(circle day) |  | TICK APPROPRIATE TYPE OF CYCLE                               |  |                                                    |  |                                                                  |                                                         |                                                                 |                                                       |  |                                                                          |  |
|                                                                                                         | DATE:<br>/ /                  |  | WARM UP CYCLE<br>(Where Applicable) <input type="checkbox"/> |  | VACUUM/<br>LEAK RATE TEST <input type="checkbox"/> |  | BOWIE DICK (BD)<br>TYPE TEST <input checked="" type="checkbox"/> |                                                         | INSTRUMENT CYCLE<br>CYCLE TYPE OR CODE <input type="checkbox"/> |                                                       |  |                                                                          |  |
|                                                                                                         |                               |  |                                                              |  |                                                    |  |                                                                  | PROCESS<br>CHALLENGE<br>DEVICE <input type="checkbox"/> |                                                                 | BIOLOGICAL<br>INDICATOR (BI) <input type="checkbox"/> |  | SERVICE OR<br>PERFORMANCE<br>QUALIFICATION (PO) <input type="checkbox"/> |  |
| ITEMISE ALL ITEMS THAT ARE TO BE STERILIZED. NOTE: THE WORD KIT IS INTERCHANGEABLE WITH CASSETTE / TRAY |                               |  |                                                              |  |                                                    |  |                                                                  |                                                         |                                                                 |                                                       |  |                                                                          |  |

- Step 5.** Determine what the next cycle number should be, based on the type of cycle selected, and enter this number. Generally the number is determined by noting the previous sterilization printout/record number and add one number.

Note: Some sterilizer manufacturer's test cycles such as the Bowie Dick type test (BD) and vacuum/leak rate tests may not use a new cycle number – only the sterilization cycles have dedicated cycle numbers. So if this is the case, you will continue to use the previous cycle number for these test cycles. For example, if the last recorded cycle number was 761 and the next cycle you will be performing is a vacuum test, the vacuum test will be recorded as 761. Then if the Bowie Dick type test cycle is to be performed, that test cycle will also be recorded as 761. Remember there has only been **one sterilizing cycle** with a cycle number of 761.

- Step 6.** Place an unprocessed batch label showing the allocated sterilizer ID, allocated sterilization batch cycle number and date of sterilization in to the sterilizer cycle record book.
- Step 7.** Place a line through the item content field – This indicates that the chamber did not contain any instruments.
- Step 8.** On completion of this type of cycle, examine the sterilizer cycle record/printout to ascertain if the parameters have been met (passed) or not. Tick the appropriate box for PASS or FAIL.
- Step 9.** Examine the processed Bowie Dick Test Indicator and determine the result. In the CYCLE box, tick the appropriate box for PASS or FAIL. Please note that even though the sterilizer cycle parameters have been met on the printout, a failure of the Bowie Dick Test indicator is a failed cycle.
- Step 10.** The person who is checking the results of the Bowie Dick cycle prints their name, signs and dates the cycle record.

## Example of a Bowie Dick type test cycle record

| QUEENSLAND HEALTH STERILIZER CYCLE RECORD                                                        |                                                                             |                                                                                                |                                                                                                         |                                      |                                                 |                                        |                                                                      |  |                                                  | FOLIO         |                                                                                                                                            |  |          |  |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------|----------------------------------------|----------------------------------------------------------------------|--|--------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------|--|----------|--|
| DISTRICT / FACILITY STERILIZER No. <span style="border: 1px solid black; padding: 2px;">1</span> |                                                                             |                                                                                                |                                                                                                         |                                      |                                                 |                                        |                                                                      |  |                                                  | SERIAL No. AA |                                                                                                                                            |  |          |  |
| CYCLE DETAILS                                                                                    | M T W T F S S<br>(circle day)                                               |                                                                                                | TICK APPROPRIATE TYPE OF CYCLE <span style="border: 1px solid black; padding: 2px;">4</span>            |                                      |                                                 |                                        |                                                                      |  |                                                  |               |                                                                                                                                            |  |          |  |
|                                                                                                  | DATE: <span style="border: 1px solid black; padding: 2px;">/ /</span>       |                                                                                                | WARM UP CYCLE <input type="checkbox"/> (Where Applicable)                                               |                                      | VACUUM/ LEAK RATE TEST <input type="checkbox"/> |                                        | BOWIE DICK (BD) TYPE TEST <input checked="" type="checkbox"/>        |  | INSTRUMENT CYCLE <input type="checkbox"/>        |               | PROCESS CHALLENGE DEVICE <input type="checkbox"/>                                                                                          |  |          |  |
|                                                                                                  | CYCLE NUMBER: <span style="border: 1px solid black; padding: 2px;">5</span> |                                                                                                | ITEMISE ALL ITEMS THAT ARE TO BE STERILIZED. NOTE: THE WORD KIT IS INTERCHANGEABLE WITH CASSETTE / TRAY |                                      |                                                 |                                        |                                                                      |  |                                                  |               |                                                                                                                                            |  |          |  |
|                                                                                                  | BATCH LABEL (Pre Sterilization)                                             |                                                                                                | ENDO EQUIPMENT                                                                                          |                                      | BURS PACK/STAND                                 |                                        | COMPOSITE GUN                                                        |  | CURETTES                                         |               | RUBBER DAM FRAME                                                                                                                           |  |          |  |
|                                                                                                  |                                                                             |                                                                                                | ENDO FILE PACK                                                                                          |                                      | HIGH SPEED COUPLING                             |                                        | CURING LIGHT TIP                                                     |  | ELEVATORS                                        |               | RUBBER DAM CLAMPS                                                                                                                          |  |          |  |
|                                                                                                  |                                                                             |                                                                                                | ENDO KIT                                                                                                |                                      | HIGH SPEED HANDPIECE                            |                                        | EVACUATION ADAPTORS                                                  |  | ELEVATOR KITS                                    |               | RUBBER DAM PUNCH                                                                                                                           |  |          |  |
|                                                                                                  |                                                                             |                                                                                                | EXAM KIT                                                                                                |                                      | MOTOR                                           |                                        | IMPRESSION TRAYS                                                     |  | EXTRACTION FORCEPS                               |               |                                                                                                                                            |  |          |  |
|                                                                                                  |                                                                             |                                                                                                | HYGIENE/PERIO KIT                                                                                       |                                      | SLOW SPEED HANDPIECE                            |                                        | KETAC / GIC GUN                                                      |  | FORCEPS                                          |               |                                                                                                                                            |  |          |  |
|                                                                                                  |                                                                             |                                                                                                | ORAL SURGERY KIT                                                                                        |                                      | STRAIGHT HANDPIECE                              |                                        | MATRIX RETAINER                                                      |  | HAND SCALERS                                     |               |                                                                                                                                            |  |          |  |
|                                                                                                  |                                                                             |                                                                                                | PROPHY KIT                                                                                              |                                      | SURGICAL HANDPIECE                              |                                        | MIRROR <span style="border: 1px solid black; padding: 2px;">7</span> |  | LA SYRINGE                                       |               |                                                                                                                                            |  |          |  |
| LOADING                                                                                          | AFFIX PRE-STERILIZATION LABEL HERE                                          |                                                                                                | SUTURE KIT                                                                                              |                                      | TRIPLEX TIP                                     |                                        | SCISSORS                                                             |  | NEEDLE HOLDERS                                   |               |                                                                                                                                            |  |          |  |
|                                                                                                  |                                                                             |                                                                                                |                                                                                                         |                                      | TRIPLEX BODY & TIP                              |                                        | SPATULA                                                              |  | PLIERS                                           |               |                                                                                                                                            |  |          |  |
|                                                                                                  |                                                                             |                                                                                                |                                                                                                         |                                      |                                                 |                                        | X-RAY HOLDERS                                                        |  | ULTRASONIC SHANK                                 |               | CLEANING BRUSHES                                                                                                                           |  |          |  |
|                                                                                                  |                                                                             |                                                                                                |                                                                                                         |                                      |                                                 |                                        | ULTRASONIC TIP & GUARD                                               |  | TOTAL ITEMS LOADED                               |               |                                                                                                                                            |  |          |  |
|                                                                                                  |                                                                             |                                                                                                | SIGNATURE OF PERSON LOADING: _____ PRINTED NAME: _____                                                  |                                      |                                                 |                                        |                                                                      |  |                                                  |               |                                                                                                                                            |  | COMMENTS |  |
|                                                                                                  |                                                                             |                                                                                                | CONTROL POUCH BATCH LABEL (Post Sterilization)                                                          |                                      | CYCLE PARAMETERS                                |                                        |                                                                      |  |                                                  |               |                                                                                                                                            |  |          |  |
|                                                                                                  |                                                                             |                                                                                                | AFFIX POST-STERILIZATION LABEL HERE                                                                     |                                      | LENGTH OF STERILIZATION TIME (HOLDING TIME)     |                                        | STERILIZATION TEMPERATURE                                            |  | STERILIZATION PRESSURE (LARGE STEAM STERILIZERS) |               | PRINTOUT <span style="border: 1px solid black; padding: 2px;">8</span> CYCLE <span style="border: 1px solid black; padding: 2px;">9</span> |  |          |  |
|                                                                                                  |                                                                             |                                                                                                |                                                                                                         |                                      |                                                 |                                        |                                                                      |  |                                                  |               | PASS PASS                                                                                                                                  |  |          |  |
|                                                                                                  |                                                                             |                                                                                                |                                                                                                         |                                      |                                                 |                                        |                                                                      |  |                                                  |               | FAIL FAIL                                                                                                                                  |  |          |  |
|                                                                                                  |                                                                             |                                                                                                | UNLOADING                                                                                               | CONTROL POUCH - CLASS 5/6 INDICATORS |                                                 | LOAD RELEASE RESULTS                   |                                                                      |  |                                                  |               |                                                                                                                                            |  |          |  |
| PARAMETERS CHECKED <input type="checkbox"/>                                                      |                                                                             | TIME OF RELEASE: (when items removed) _____                                                    |                                                                                                         |                                      |                                                 | NUMBER ITEMS RELEASED                  |                                                                      |  |                                                  |               |                                                                                                                                            |  |          |  |
| ITEMS VISUALLY CHECKED <input type="checkbox"/>                                                  |                                                                             |                                                                                                |                                                                                                         |                                      |                                                 | NUMBER ITEMS FAILED                    |                                                                      |  |                                                  |               |                                                                                                                                            |  |          |  |
| CHEMICAL INDICATORS CHECKED <input type="checkbox"/>                                             |                                                                             | PLACED IN COOLING AREA <input type="checkbox"/>                                                |                                                                                                         |                                      |                                                 | REASON FOR FAILED ITEMS                |                                                                      |  |                                                  |               |                                                                                                                                            |  |          |  |
| PASS                                                                                             |                                                                             | AFTER STERILIZATION CHECKED BY: <span style="border: 1px solid black; padding: 2px;">10</span> |                                                                                                         |                                      |                                                 | QUALITY ASSURANCE CHECK - REVIEWED BY: |                                                                      |  |                                                  |               |                                                                                                                                            |  |          |  |
| FAIL                                                                                             |                                                                             | PRINT NAME: _____                                                                              |                                                                                                         |                                      |                                                 | PRINT NAME: _____                      |                                                                      |  |                                                  |               |                                                                                                                                            |  |          |  |
|                                                                                                  |                                                                             | SIGNATURE: _____                                                                               |                                                                                                         |                                      |                                                 | DATE: / /                              |                                                                      |  |                                                  |               |                                                                                                                                            |  |          |  |
|                                                                                                  |                                                                             |                                                                                                |                                                                                                         |                                      |                                                 | DATE: / /                              |                                                                      |  |                                                  |               |                                                                                                                                            |  |          |  |

ATTACH PRINTOUTS and any other evidence

## 8. Documenting an instrument cycle

### Use the next cycle record

- Step 1.** When more than one sterilizer is present in the facility, insert the allocated sterilizer number for which this book should be used. This will assist staff to identify and use the correct sterilizing cycle record book.
- Step 2.** Circle the letter that represents the day. M (Monday), T (Tuesday), W (Wednesday), T (Thursday) F (Friday) S (Saturday) S (Sunday).
- Step 3.** Enter the date. Entering the wrong date is a common error. Tip. If unsure, check your mobile phone or computer calendar for the correct date.
- Step 4.** Place a tick in the box that indicates an instrument cycle
- Step 5.** Enter the cycle type or code. e.g B/S (B standard)
- Step 6.** If incorporating a process challenge device in the instrument cycle, tick the process challenged device box.
- Step 7.** If incorporating a biological indicator in the instrument cycle, tick the biological indicator box.
- Step 8.** Determine what the next sterilization cycle number should be and enter this number. Generally the number is determined by noting the previous printout/record number and add one number. This number should be the next sterilization cycle number to be recorded on the printout/record.
- Step 9.** Place an unprocessed batch label showing the allocated sterilizer ID, allocated sterilization batch cycle number and date of sterilization in to the sterilizer cycle record book.

| QUEENSLAND HEALTH STERILIZER CYCLE RECORD |   |                                          |                                                                                                         |                           |                                | FOLIO SERIAL No. AA                    |                   |
|-------------------------------------------|---|------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------|----------------------------------------|-------------------|
| DISTRICT / FACILITY STERILIZER No. 1      |   |                                          |                                                                                                         |                           |                                |                                        |                   |
| CYCLE DETAILS                             | 2 | M T W T F S S<br>(circle day)            | TICK APPROPRIATE TYPE OF CYCLE                                                                          |                           |                                |                                        | 4                 |
|                                           | 3 | DATE:                                    | WARM UP CYCLE<br>(Where Applicable)                                                                     | VACUUM/<br>LEAK RATE TEST | BOWIE DICK (BD)<br>TYPE TEST   | INSTRUMENT CYCLE<br>CYCLE TYPE OR CODE | 5                 |
|                                           | 6 |                                          |                                                                                                         |                           | PROCESS<br>CHALLENGE<br>DEVICE | 7                                      |                   |
|                                           | 8 | CYCLE NUMBER:                            | ITEMISE ALL ITEMS THAT ARE TO BE STERILIZED. NOTE: THE WORD KIT IS INTERCHANGEABLE WITH CASSETTE / TRAY |                           |                                |                                        |                   |
|                                           |   | BATCH LABEL<br>(Pre Sterilization)       | ENDO EQUIPMENT                                                                                          | BURS PACK/STAND           | COMPOSITE GUN                  | CURETTES                               | RUBBER DAM FRAME  |
|                                           |   |                                          | ENDO FILE PACK                                                                                          | HIGH SPEED COUPLING       | CURING LIGHT TIP               | ELEVATORS                              | RUBBER DAM CLAMPS |
|                                           |   |                                          | ENDO KIT                                                                                                | HIGH SPEED HANDPIECE      | EVACUATION ADAPTORS            | ELEVATOR KITS                          | RUBBER DAM PUNCH  |
|                                           |   |                                          | EXAM KIT                                                                                                | MOTOR                     | IMPRESSION TRAYS               | EXTRACTION FORCEPS                     |                   |
|                                           |   |                                          | HYGIENE/PERIO KIT                                                                                       | SLOW SPEED HANDPIECE      | KETAC / GIC GUN                | FORCEPS                                |                   |
|                                           |   |                                          | ORAL SURGERY KIT                                                                                        | STRAIGHT HANDPIECE        | MATRIX RETAINER                | HAND SCALERS                           |                   |
| LOADING                                   | 9 | AFFIX<br>PRE-STERILIZATION<br>LABEL HERE | PROPHY KIT                                                                                              | SURGICAL HANDPIECE        | MIRROR                         | LA SYRINGE                             |                   |
|                                           |   |                                          | RESTORATIVE KIT                                                                                         | TRIPLEX BODY              | PROBE                          | LUXATOR                                |                   |
|                                           |   |                                          | SUTURE KIT                                                                                              | TRIPLEX TIP               | SCISSORS                       | NEEDLE HOLDERS                         |                   |
|                                           |   |                                          |                                                                                                         | TRIPLEX BODY & TIP        | SPATULA                        | PLIERS                                 |                   |
|                                           |   |                                          |                                                                                                         |                           | X-RAY HOLDERS                  | ULTRASONIC SHANK                       | CLEANING BRUSHES  |
|                                           |   |                                          |                                                                                                         |                           | ULTRASONIC TIP & GUARD         | TOTAL ITEMS LOADED                     |                   |
|                                           |   |                                          | SIGNATURE OF PERSON LOADING:                                                                            |                           |                                |                                        | PRINTED NAME:     |
|                                           |   |                                          |                                                                                                         |                           |                                |                                        | COMMENTS          |
|                                           |   |                                          |                                                                                                         |                           |                                |                                        |                   |
|                                           |   |                                          |                                                                                                         |                           |                                |                                        |                   |



# Documenting the results of a sterilization cycle

| QUEENSLAND HEALTH STERILIZER CYCLE RECORD |                                                |  |                                                           |                              |                                                     |                    |                                                                    |                     |                                                      |  |
|-------------------------------------------|------------------------------------------------|--|-----------------------------------------------------------|------------------------------|-----------------------------------------------------|--------------------|--------------------------------------------------------------------|---------------------|------------------------------------------------------|--|
| DISTRICT / FACILITY STERILIZER No. 1      |                                                |  |                                                           |                              |                                                     |                    |                                                                    | FOLIO SERIAL No. AA |                                                      |  |
| CYCLE DETAILS                             | M T W T F S S<br>(circle day)                  |  | TICK APPROPRIATE TYPE OF CYCLE                            |                              |                                                     |                    |                                                                    |                     |                                                      |  |
|                                           | DATE: / /                                      |  | WARM UP CYCLE (Where Applicable) <input type="checkbox"/> |                              | VACUUM/ LEAK RATE TEST <input type="checkbox"/>     |                    | BOWIE DICK (BD) TYPE TEST <input type="checkbox"/>                 |                     | INSTRUMENT CYCLE <input checked="" type="checkbox"/> |  |
|                                           |                                                |  |                                                           |                              |                                                     |                    | PROCESS CHALLENGE DEVICE <input type="checkbox"/>                  |                     | BIOLOGICAL INDICATOR (Bi) <input type="checkbox"/>   |  |
|                                           |                                                |  |                                                           |                              |                                                     |                    | SERVICE OR PERFORMANCE QUALIFICATION (PO) <input type="checkbox"/> |                     |                                                      |  |
|                                           |                                                |  |                                                           |                              |                                                     |                    |                                                                    |                     |                                                      |  |
|                                           |                                                |  |                                                           |                              |                                                     |                    |                                                                    |                     |                                                      |  |
|                                           |                                                |  |                                                           |                              |                                                     |                    |                                                                    |                     |                                                      |  |
|                                           |                                                |  |                                                           |                              |                                                     |                    |                                                                    |                     |                                                      |  |
|                                           |                                                |  |                                                           |                              |                                                     |                    |                                                                    |                     |                                                      |  |
|                                           |                                                |  |                                                           |                              |                                                     |                    |                                                                    |                     |                                                      |  |
| LOADING                                   | CYCLE NUMBER: 8                                |  | ITEMISE ALL ITEMS THAT ARE TO BE STERILIZED               |                              |                                                     |                    |                                                                    |                     |                                                      |  |
|                                           | BATCH LABEL (Pre Sterilization)                |  | THE WORD KIT IS INTERCHANGEABLE WITH CASSETTE / TRAY      |                              |                                                     |                    |                                                                    |                     |                                                      |  |
|                                           | AFFIX PRE-STERILIZATION LABEL HERE             |  | ENDO EQUIPMENT                                            | BURS PACK/STAND              | COMPOSITE GUN                                       | CURETTES           | RUBBER DAM FRAME                                                   |                     |                                                      |  |
|                                           |                                                |  | ENDO FILE PACK                                            | HIGH SPEED COUPLING          | CURING LIGHT TIP                                    | ELEVATORS          | RUBBER DAM CLAMPS                                                  |                     |                                                      |  |
|                                           |                                                |  | ENDO KIT                                                  | HIGH SPEED HANDPIECE         | EVACUATION ADAPTORS                                 | ELEVATOR KITS      | RUBBER DAM PUNCH                                                   |                     |                                                      |  |
|                                           |                                                |  | EXAM KIT                                                  | MOTOR                        | IMPRESSION TRAYS                                    | EXTRACTION FORCEPS |                                                                    |                     |                                                      |  |
|                                           |                                                |  | HYGIENE/PERIO KIT                                         | SLOW SPEED HANDPIECE         | KETAC / GIC GUN                                     | FORCEPS            |                                                                    |                     |                                                      |  |
|                                           |                                                |  | ORAL SURGERY KIT                                          | STRAIGHT HANDPIECE           | MATRIX RETAINER                                     | HAND SCALERS       |                                                                    |                     |                                                      |  |
|                                           |                                                |  | PROPHY KIT                                                | SURGICAL HANDPIECE           | MIRROR                                              | LA SYRINGE         |                                                                    |                     |                                                      |  |
|                                           |                                                |  | RESTORATIVE KIT                                           | TRIPLEX BODY                 | PROBE                                               | LUXATOR            |                                                                    |                     |                                                      |  |
| SUTURE KIT                                |                                                |  | TRIPLEX TIP                                               | SCISSORS                     | NEEDLE HOLDERS                                      |                    |                                                                    |                     |                                                      |  |
| UNLOADING                                 | CONTROL POUCH BATCH LABEL (Post Sterilization) |  | CYCLE PARAMETERS                                          |                              |                                                     |                    | PRINTOUT 17                                                        |                     | CYCLE 18                                             |  |
|                                           | AFFIX POST-STERILIZATION LABEL HERE            |  | LENGTH OF STERILIZATION TIME (HOLDING TIME) 14            | STERILIZATION TEMPERATURE 15 | STERILIZATION PRESSURE (LARGE STEAM STERILIZERS) 16 | PASS               | PASS                                                               |                     |                                                      |  |
|                                           |                                                |  |                                                           |                              |                                                     | FAIL               | FAIL                                                               |                     |                                                      |  |
|                                           |                                                |  |                                                           |                              |                                                     |                    |                                                                    |                     |                                                      |  |
|                                           | CONTROL POUCH - CLASS 5/6 INDICATORS 19        |  | LOAD RELEASE RESULTS                                      |                              |                                                     |                    | NUMBER ITEMS RELEASED 23                                           |                     |                                                      |  |
|                                           |                                                |  | PARAMETERS CHECKED 25                                     | TIME OF RELEASE: 22          | NUMBER ITEMS FAILED                                 |                    |                                                                    |                     |                                                      |  |
|                                           |                                                |  | ITEMS VISUALLY CHECKED 20                                 | (when items removed)         | REASON FOR FAILED ITEMS                             |                    |                                                                    |                     |                                                      |  |
|                                           |                                                |  | CHEMICAL INDICATORS CHECKED 21                            | PLACED IN COOLING AREA 26    |                                                     |                    |                                                                    |                     |                                                      |  |
|                                           |                                                |  | AFTER STERILIZATION CHECKED BY: 28                        |                              |                                                     |                    | QUALITY ASSURANCE CHECK - REVIEWED BY: 30                          |                     |                                                      |  |
|                                           |                                                |  | PRINT NAME: SIGNATURE: DATE: / /                          |                              |                                                     |                    | PRINT NAME: DATE: / /                                              |                     |                                                      |  |
|                                           |                                                |  |                                                           |                              |                                                     |                    |                                                                    |                     |                                                      |  |
|                                           |                                                |  |                                                           |                              |                                                     |                    |                                                                    |                     |                                                      |  |
|                                           |                                                |  |                                                           |                              |                                                     |                    |                                                                    |                     |                                                      |  |

ATTACH PRINTOUTS and any other evidence 29

27

## 9. Documenting the results of a sterilization cycle

**Step 14.** On completion of the cycle, examine the results/printout to ensure the critical parameters - time, temperature and pressure have been met. (See the first page - Performance Qualification information).

Go to the UNLOADING section and the "CYCLE PARAMETERS" section.

Enter the length of the sterilization time (holding time).

**Step 15.** Enter the sterilization temperature. Ensure the minimum sterilization temperature has been reached and held at that temperature for the required time. **Report to your supervisor's temperatures that are below the minimum sterilization temperature or exceed the 136°C and note in the comments section.**

**Step 16.** AS/NZS 4187:2003 requires the pressure of large steam sterilizers to be recorded. For large steam sterilizers, record the pressure.

**Step 17.** Read the sterilizer printout result. In the PRINTOUT box, tick the appropriate box for PASS or FAIL.

**Step 18.** In the CYCLE box, tick the appropriate box for PASS or FAIL. The cycle box allows the operator to PASS or FAIL a cycle based on other visual indicators. This box is very important for instrument cycles.

**Step 19.** Remove the items from the chamber. Do not place on a solid surface. Place in a dedicated cooling area/zone. Visually check and document the results of the "control pouch" class 5/6 chemical indicator by ticking Pass or Fail

**Step 20.** Visually check the items, to ensure packaging is dry, intact – not split or punctured. Tick to confirm items have been checked.

**Step 21.** Visually check the class 1 chemical indicators have changed colour. Tick to confirm the chemical indicators on the packs/pouches have been checked.

**Step 22.** Empty the chamber as soon as possible after the end of the cycle. Document the time of release of the items from the chamber. This time may differ from the time the cycle ended.

**Step 23.** Ensure the number and type of items removed from the chamber, correspond to the number and type documented prior to loading the chamber.

Enter the number of items released and/or number of items failed. If none of the items failed in the cycle, then enter zero (0) in the box relating to the number of failed items.

Enter a reason for the failed items. If required the "Comments" section may also be used.

(Do not leave failed items to cool with items able to be released – remove and clearly label failed item(s) as such).

**Step 24.** When the control pouch has cooled, check the colour change of the batch label has changed correctly and remove the batch label and adhere to the sterilizer cycle record.

**Step 25.** Tick the parameters checked box when all the above steps have occurred.

**Step 26.** Items must be cooled prior to storage. Tick to confirm items have been placed into the cooling area. Cooling must occur prior to storage.

**Step 27.** Use the comments section to document notes that would assist another person to understand what has occurred during the cycle.

**Step 28.** The person authorising the release of the load is accountable and must print their name, sign and date.

**Step 29.** Attach printout and any other evidence of the cycle. Please ensure that Process Challenge Device and/or Biological Indicator results are recorded in the area provided. Please note that even though the sterilizer cycle parameters have been met on the printout, a failure of Process Challenge Device and/or Biological Indicators is a failed cycle.

**Step 30. Optional** - A simple 'double check' by another healthcare team member can be a system factor which helps to prevent errors. It is an 'action to prevent or minimise harm from health care errors.' Ideally this is undertaken at the end of each day or the beginning of the next day.

As a quality assurance check, ask a co-worker to check the documented details, such as:-

- Correct day is circled.
- Correct date is on the batch labels in the cycle record and written in the cycle record.
- The written cycle number is the same cycle number as on both labels and the printout.
- The control batch label class 1 chemical indicator has changed colour from blue to grey/black.
- The minimum sterilization time, temperature (and pressure) has been reached (refer to the Performance Qualification information in the front cover or technicians report), this may be confirmed on the printout.
- If cleaning brushes are noted as being in a cycle, these items must be sterilized separately from instruments and not be placed in the sterilizer chamber with instruments.
- Total number of items loaded and unloaded (including failed items) is the same.
- Signature and name of person loading and unloading/releasing is present.
- Print name (or if the person doesn't wish to be named, place a tick or initials to show a double check has been done).

## V2.1 October 2013

# QUEENSLAND DENTAL HEALTH STERILIZATION CYCLE RECORD

## DISTRICT / FACILITY STERILIZER No. 1

FOLIO SERIAL No. AA

|                                                       |                                                                                                                                                                                                                     |                                                                                           |                                                                 |                                                        |                 |                                                                      |                              |                                                                                                |          |                                                          |      |                                                                                        |  |                                                                           |           |                                                                                       |  |           |  |  |  |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------|-----------------|----------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|------|----------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------|--|-----------|--|--|--|
| <b>CYCLE DETAILS</b>                                  | <b>M T W T F S S</b><br>(circle day)                                                                                                                                                                                | <b>TICK APPROPRIATE TYPE OF CYCLE</b>                                                     |                                                                 |                                                        |                 |                                                                      |                              |                                                                                                |          |                                                          |      |                                                                                        |  |                                                                           |           |                                                                                       |  |           |  |  |  |
|                                                       | <b>DATE:</b><br>____/____/____                                                                                                                                                                                      | <b>WARM UP CYCLE</b> <input type="checkbox"/> (Where Applicable)                          |                                                                 | <b>VACUUM/ LEAK RATE TEST</b> <input type="checkbox"/> |                 | <b>BOWIE DICK (BD) TYPE TEST</b> <input type="checkbox"/>            |                              | <b>INSTRUMENT CYCLE</b> <input checked="" type="checkbox"/> <b>CYCLE TYPE OR CODE</b> <b>5</b> |          | <b>PROCESS CHALLENGE DEVICE</b> <input type="checkbox"/> |      | <b>BIOLOGICAL INDICATOR (BI)</b> <input type="checkbox"/>                              |  | <b>SERVICE OR PERFORMANCE QUALIFICATION (PQ)</b> <input type="checkbox"/> |           |                                                                                       |  |           |  |  |  |
|                                                       | <b>ITEMISE ALL ITEMS THAT ARE TO BE STERILIZED</b> <b>10</b> THE WORD KIT IS INTERCHANGEABLE WITH CASSETTE / TRAY                                                                                                   |                                                                                           |                                                                 |                                                        |                 |                                                                      |                              |                                                                                                |          |                                                          |      |                                                                                        |  |                                                                           |           |                                                                                       |  |           |  |  |  |
| <b>LOADING</b>                                        | <b>CYCLE NUMBER:</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>8</b></div>                                                                                                   | ENDO EQUIPMENT                                                                            |                                                                 | BURS PACK/STAND                                        |                 | COMPOSITE GUN                                                        |                              | CURETTES                                                                                       |          | RUBBER DAM FRAME                                         |      |                                                                                        |  |                                                                           |           |                                                                                       |  |           |  |  |  |
|                                                       | <b>BATCH LABEL (Pre Sterilization)</b><br><div style="border: 1px solid black; padding: 10px; text-align: center; margin-top: 10px;"><b>9</b><br/>AFFIX<br/>PRE-STERILIZATION<br/>LABEL HERE</div>                  | ENDO FILE PACK                                                                            |                                                                 | HIGH SPEED COUPLING                                    |                 | CURING LIGHT TIP                                                     |                              | ELEVATORS                                                                                      |          | RUBBER DAM CLAMPS                                        |      |                                                                                        |  |                                                                           |           |                                                                                       |  |           |  |  |  |
|                                                       |                                                                                                                                                                                                                     | ENDO KIT                                                                                  |                                                                 | HIGH SPEED HANDPIECE                                   |                 | EVACUATION ADAPTORS                                                  |                              | ELEVATOR KITS                                                                                  |          | RUBBER DAM PUNCH                                         |      |                                                                                        |  |                                                                           |           |                                                                                       |  |           |  |  |  |
|                                                       |                                                                                                                                                                                                                     | EXAM KIT                                                                                  |                                                                 | <b>4</b> MOTOR                                         |                 | IMPRESSION TRAYS                                                     |                              | EXTRACTION FORCEPS                                                                             |          |                                                          |      |                                                                                        |  |                                                                           |           |                                                                                       |  |           |  |  |  |
|                                                       |                                                                                                                                                                                                                     | HYGIENE/PERIO KIT                                                                         |                                                                 | SLOW SPEED HANDPIECE                                   |                 | KETAC / GIG GUN                                                      |                              | FORCEPS                                                                                        |          |                                                          |      |                                                                                        |  |                                                                           |           |                                                                                       |  |           |  |  |  |
|                                                       | ORAL SURGERY KIT                                                                                                                                                                                                    |                                                                                           | STRAIGHT HANDPIECE                                              |                                                        | MATRIX RETAINER |                                                                      | HAND SCALERS                 |                                                                                                | <b>1</b> |                                                          |      |                                                                                        |  |                                                                           |           |                                                                                       |  |           |  |  |  |
|                                                       | PROPHY KIT                                                                                                                                                                                                          |                                                                                           | SURGICAL HANDPIECE                                              |                                                        | MIRROR          |                                                                      | LA SYRINGE                   |                                                                                                |          |                                                          |      |                                                                                        |  |                                                                           |           |                                                                                       |  |           |  |  |  |
|                                                       | RESTORATIVE KIT                                                                                                                                                                                                     |                                                                                           | TRIPLEX BODY                                                    |                                                        | <b>4</b> PROBE  |                                                                      | LUXATOR                      |                                                                                                |          |                                                          |      |                                                                                        |  |                                                                           |           |                                                                                       |  |           |  |  |  |
|                                                       | SUTURE KIT                                                                                                                                                                                                          |                                                                                           | TRIPLEX TIP                                                     |                                                        | SCISSORS        |                                                                      | NEEDLE HOLDERS               |                                                                                                |          |                                                          |      |                                                                                        |  |                                                                           |           |                                                                                       |  |           |  |  |  |
|                                                       |                                                                                                                                                                                                                     |                                                                                           |                                                                 |                                                        |                 |                                                                      | SPATULA                      |                                                                                                | PLIERS   |                                                          |      |                                                                                        |  |                                                                           |           |                                                                                       |  |           |  |  |  |
|                                                       |                                                                                                                                                                                                                     |                                                                                           |                                                                 |                                                        |                 | X-RAY HOLDERS                                                        |                              | <b>3</b> ULTRASONIC SHANK                                                                      |          | CLEANING BRUSHES                                         |      |                                                                                        |  |                                                                           |           |                                                                                       |  |           |  |  |  |
|                                                       |                                                                                                                                                                                                                     |                                                                                           |                                                                 |                                                        |                 | ULTRASONIC TIP & GUARD                                               |                              |                                                                                                |          | <b>11</b> ITEMS LOADED                                   |      | <b>12</b>                                                                              |  |                                                                           |           |                                                                                       |  |           |  |  |  |
|                                                       |                                                                                                                                                                                                                     | SIGNATURE OF PERSON LOADING: <b>12</b>                                                    |                                                                 |                                                        |                 |                                                                      |                              |                                                                                                |          |                                                          |      | PRINTED NAME: <b>13</b>                                                                |  |                                                                           |           |                                                                                       |  |           |  |  |  |
| <b>UNLOADING</b>                                      | <b>CONTROL POUCH BATCH LABEL (Post Sterilization)</b><br><div style="border: 1px solid black; padding: 10px; text-align: center; margin-top: 10px;"><b>24</b><br/>AFFIX<br/>POST-STERILIZATION<br/>LABEL HERE</div> | <b>CYCLE PARAMETERS</b>                                                                   |                                                                 |                                                        |                 |                                                                      |                              |                                                                                                |          |                                                          |      |                                                                                        |  |                                                                           |           | <b>COMMENTS</b><br><div style="text-align: center; margin-top: 20px;"><b>27</b></div> |  | <b>29</b> |  |  |  |
|                                                       | <b>24</b>                                                                                                                                                                                                           | <b>LENGTH OF STERILIZATION TIME (HOLDING TIME)</b><br><b>14</b>                           |                                                                 | <b>STERILIZATION TEMPERATURE</b><br><b>15</b>          |                 | <b>STERILIZATION PRESSURE (LARGE STEAM STERILIZERS)</b><br><b>16</b> |                              | <b>PRINTOUT</b> <b>17</b>                                                                      |          | <b>CYCLE</b> <b>18</b>                                   |      |                                                                                        |  |                                                                           |           |                                                                                       |  |           |  |  |  |
|                                                       |                                                                                                                                                                                                                     |                                                                                           |                                                                 |                                                        |                 |                                                                      |                              | PASS                                                                                           | PASS     | PASS                                                     | PASS |                                                                                        |  |                                                                           |           |                                                                                       |  |           |  |  |  |
|                                                       |                                                                                                                                                                                                                     |                                                                                           |                                                                 |                                                        |                 |                                                                      | FAIL                         |                                                                                                | FAIL     |                                                          |      |                                                                                        |  |                                                                           |           |                                                                                       |  |           |  |  |  |
|                                                       | <b>LOAD RELEASE RESULTS</b>                                                                                                                                                                                         |                                                                                           |                                                                 |                                                        |                 |                                                                      |                              |                                                                                                |          |                                                          |      |                                                                                        |  |                                                                           | <b>23</b> |                                                                                       |  |           |  |  |  |
|                                                       | <b>PARAMETERS CHECKED</b> <b>25</b>                                                                                                                                                                                 |                                                                                           | <b>TIME OF RELEASE:</b> <b>22</b><br>(when items removed) _____ |                                                        |                 |                                                                      | <b>NUMBER ITEMS RELEASED</b> |                                                                                                |          |                                                          |      |                                                                                        |  |                                                                           |           |                                                                                       |  |           |  |  |  |
| <b>ITEMS VISUALLY CHECKED</b> <b>20</b>               |                                                                                                                                                                                                                     | <b>NUMBER ITEMS FAILED</b>                                                                |                                                                 |                                                        |                 |                                                                      |                              |                                                                                                |          |                                                          |      |                                                                                        |  |                                                                           |           |                                                                                       |  |           |  |  |  |
| <b>CHEMICAL INDICATORS CHECKED</b> <b>21</b>          |                                                                                                                                                                                                                     | <b>PLACED IN COOLING AREA</b> <input type="checkbox"/> <b>26</b>                          |                                                                 |                                                        |                 | <b>REASON FOR FAILED ITEMS</b>                                       |                              |                                                                                                |          |                                                          |      |                                                                                        |  |                                                                           |           |                                                                                       |  |           |  |  |  |
| <b>CONTROL POUCH - CLASS 5/6 INDICATORS</b> <b>19</b> |                                                                                                                                                                                                                     | <b>AFTER STERILIZATION CHECKED BY:</b> <b>28</b><br>PRINT NAME: _____<br>SIGNATURE: _____ |                                                                 |                                                        |                 |                                                                      |                              |                                                                                                |          |                                                          |      | <b>QUALITY ASSURANCE CHECK - REVIEWED BY:</b><br>PRINT NAME: _____<br>SIGNATURE: _____ |  |                                                                           |           |                                                                                       |  |           |  |  |  |
|                                                       |                                                                                                                                                                                                                     | <b>PASS</b>                                                                               |                                                                 |                                                        |                 |                                                                      |                              |                                                                                                |          |                                                          |      | <b>30</b>                                                                              |  |                                                                           |           |                                                                                       |  |           |  |  |  |
|                                                       |                                                                                                                                                                                                                     | <b>FAIL</b>                                                                               |                                                                 |                                                        |                 |                                                                      |                              |                                                                                                |          |                                                          |      |                                                                                        |  |                                                                           |           |                                                                                       |  |           |  |  |  |

## 10. Documenting failed items

In the case where one or more items (but not all) have failed, in a successful cycle, an additional action is required in the sterilizer cycle record book. Remembering any pack which fails in a cycle should not be left to cool with items that have not failed or be allowed to enter product circulation. The next step is to account for the batch labels on the failed packs.

**Step 1** Remove the batch label from each failed item, and adhere them on to the reverse side of the sterilizer cycle record sheet.

When applying labels to the failed items record, start placing them from the top left. If labels from earlier failed cycles are already applied, use the next available space. To show that all failed packs are accounted for, sign (or initial) before the first batch label and after the last and count (tally).

The purpose of the signature is twofold. Firstly it will be easier to pick out the range of failed items. Secondly it forms part of the accountability element in that by signing you are vouching for the correctness of your action.

**Step 2.** Tick supervisor notified box as applicable. Enter the date of notification. Print the name of person notified. Print your name.

**Step 3.** Document recommendations and/or actions as advised by the supervisor.

| RECORD OF FAILED ITEMS                                                                                   |                                             |                                                                                         |                                             |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------|
| <b>2</b> SUPERVISOR NOTIFIED OF NON-CONFORMANCE YES <input type="checkbox"/> NO <input type="checkbox"/> |                                             | DATE OF NOTIFICATION <input type="text"/> / <input type="text"/> / <input type="text"/> |                                             |
| NAME OF PERSON NOTIFIED <input type="text"/>                                                             |                                             | NAME OF PERSON WHO NOTIFIED THE SUPERVISOR <input type="text"/>                         |                                             |
| SUPERVISORS RECOMMENDED ACTION(S)<br><b>3</b> <input type="text"/>                                       |                                             |                                                                                         |                                             |
| <b>1</b><br>AFFIX<br>SURETRAX<br>LABEL HERE                                                              | <b>1</b><br>AFFIX<br>SURETRAX<br>LABEL HERE | <b>1</b><br>AFFIX<br>SURETRAX<br>LABEL HERE                                             | <b>1</b><br>AFFIX<br>SURETRAX<br>LABEL HERE |
| AFFIX<br>SURETRAX<br>LABEL HERE                                                                          | AFFIX<br>SURETRAX<br>LABEL HERE             | AFFIX<br>SURETRAX<br>LABEL HERE                                                         | AFFIX<br>SURETRAX<br>LABEL HERE             |
| AFFIX<br>SURETRAX<br>LABEL HERE                                                                          | AFFIX<br>SURETRAX<br>LABEL HERE             | AFFIX<br>SURETRAX<br>LABEL HERE                                                         | AFFIX<br>SURETRAX<br>LABEL HERE             |
| AFFIX<br>SURETRAX<br>LABEL HERE                                                                          | AFFIX<br>SURETRAX<br>LABEL HERE             | AFFIX<br>SURETRAX<br>LABEL HERE                                                         | AFFIX<br>SURETRAX<br>LABEL HERE             |

## 11. Documenting a failed cycle

When the whole cycle fails, we do not need to remove and apply the batch labels to the record of failed items. The purpose of the record on the reverse of each sheet is to account for failed items in a successful cycle. If the cycle has failed then the batch will be discarded.

If the parameters have not been met, document up to section 9 - step 23 of the instructions for documenting the results of the cycle.

**Step 1** Notify the supervisor immediately and write "Failed Cycle". Document in the comments section the supervisors recommendations and/or actions taken. All items and packs must be removed, the batch labels removed and discarded, and new packaging, new labels (pertaining to the next cycle) must be applied

**Step 2** Print your name, sign and date.

|                                      |                                                |                                                                                               |                                             |                                                 |                                                  |                                        |             |       |
|--------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------|--------------------------------------------------|----------------------------------------|-------------|-------|
| UNLOADING                            | CONTROL POUCH BATCH LABEL (Post Sterilization) |                                                                                               | SIGNATURE OF PERSON LOADING:                |                                                 | PRINTED NAME:                                    |                                        | RE-EVIDENCE |       |
|                                      | AFFIX POST-STERILIZATION LABEL HERE            |                                                                                               | CYCLE PARAMETERS                            |                                                 |                                                  |                                        |             |       |
|                                      |                                                |                                                                                               | LENGTH OF STERILIZATION TIME (HOLDING TIME) | STERILIZATION TEMPERATURE                       | STERILIZATION PRESSURE (LARGE STEAM STERILIZERS) | PRINTOUT                               |             | CYCLE |
|                                      |                                                |                                                                                               |                                             |                                                 |                                                  | PASS                                   |             | PASS  |
|                                      |                                                |                                                                                               |                                             |                                                 |                                                  | FAIL                                   |             | FAIL  |
|                                      |                                                |                                                                                               |                                             |                                                 |                                                  |                                        |             |       |
| CONTROL POUCH - CLASS 5/6 INDICATORS |                                                | LOAD RELEASE RESULTS                                                                          |                                             |                                                 |                                                  |                                        |             |       |
| PASS                                 |                                                | PARAMETERS CHECKED <input type="checkbox"/>                                                   |                                             | TIME OF RELEASE: (when items removed) _____     |                                                  | NUMBER ITEMS RELEASED                  |             |       |
| FAIL                                 |                                                | ITEMS VISUALLY CHECKED <input type="checkbox"/>                                               |                                             |                                                 |                                                  | NUMBER ITEMS FAILED                    |             |       |
|                                      |                                                | CHEMICAL INDICATORS CHECKED <input type="checkbox"/>                                          |                                             | PLACED IN COOLING AREA <input type="checkbox"/> |                                                  | REASON FOR FAILED ITEMS                |             |       |
|                                      |                                                | AFTER STERILIZATION CHECKED BY: <span style="border: 1px solid red; padding: 0 2px;">2</span> |                                             |                                                 |                                                  | QUALITY ASSURANCE CHECK - REVIEWED BY: |             |       |
|                                      |                                                | PRINT NAME: _____                                                                             |                                             |                                                 |                                                  | PRINT NAME: _____                      |             |       |
|                                      |                                                | SIGNATURE: _____                                                                              |                                             |                                                 |                                                  | DATE: / /                              |             |       |
|                                      |                                                |                                                                                               |                                             |                                                 |                                                  | DATE: / /                              |             |       |

## 12. Auditing the sterilizer cycle record

**Step 1.** At a period of time defined by the individual sites/district, the sterilizer cycle records are audited to ensure all signatures are present.

**Step 2.** Tick to confirm all information is complete. The sterilizer cycle record books should not be culled or archived without the information being complete. Remember this sterilizing cycle record book is documentary evidence that may be needed to defend your actions.

**Step 3.** Sign and print your name if you are undertaking the documentation audit.

|                                                                                                                                                          |                                                               |                                                                                             |                                                               |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>Austmel</b><br>T: 1800 074 085<br>F: 07 5597 5244<br><small>DO NOT REPRODUCE! Copyright of Medtrax, Dental Sterilizer Cycle Record Book forms</small> | <span style="border: 1px solid red; padding: 0 2px;">1</span> | AUDIT Relevant Signatures Present: YES <input type="checkbox"/> NO <input type="checkbox"/> | <span style="border: 1px solid red; padding: 0 2px;">2</span> | All Information Complete: YES <input type="checkbox"/> NO <input type="checkbox"/> |
|                                                                                                                                                          | <span style="border: 1px solid red; padding: 0 2px;">3</span> | Sign _____                                                                                  | Name _____                                                    |                                                                                    |
|                                                                                                                                                          | <small>Medtrax Traceability System.</small>                   |                                                                                             |                                                               |                                                                                    |
| RE-ORDER CODE: <b>MH/BRQON</b>                                                                                                                           |                                                               |                                                                                             |                                                               |                                                                                    |

## 13. Service or performance qualification

**Step 1.** Tick the service or performance qualification in conjunction with the steps found in Section 8 - Documenting an instrument cycle - Steps 1 to Steps 7. Use the comments box as needed.

|         |               |                                        |                                                 |                                                    |                                           |                                                   |                                                    |
|---------|---------------|----------------------------------------|-------------------------------------------------|----------------------------------------------------|-------------------------------------------|---------------------------------------------------|----------------------------------------------------|
| DETAILS | M T W T F S S | TICK APPROPRIATE TYPE OF CYCLE         |                                                 |                                                    |                                           |                                                   |                                                    |
|         | (circle day)  | WARM UP CYCLE <input type="checkbox"/> | VACUUM/ LEAK RATE TEST <input type="checkbox"/> | BOWIE DICK (BD) TYPE TEST <input type="checkbox"/> | INSTRUMENT CYCLE <input type="checkbox"/> | PROCESS CHALLENGE DEVICE <input type="checkbox"/> | BIOLOGICAL INDICATOR (BI) <input type="checkbox"/> |
| DATE:   |               |                                        |                                                 |                                                    |                                           |                                                   |                                                    |

## 14. Storage

When packs have been sterilized and cooled, they may enter sterile circulation. Usually this will mean being stored for a period of time, as opposed to being used immediately. This section is concerned with good housekeeping.

Ensure a process is in place to help with good stock rotation, for example, pick items from the front in the storage area for use and restock to the back.

For every out-of-date item that needs to be re-processed, there is a cost. With good stock rotation that cost can be reduced.

To minimise the type and number of items being reprocessed, document the items requiring reprocessing, and in order to reduce the costs associated with reprocessing unused items, a blank table is contained in section 17 to assist with monitoring and determining what stock may be superfluous.

## 15. Patient record

One of the benefits of the Suretrax batch label is that it can be re-applied. The significance of this is in the recording of items used in an operation. In general this means the application of the Suretrax label, from each item used, onto the patient's record.

A Suretrax batch label is an accountable document. It provides a direct link to the sterilizer cycle which sterilized an item. Without the label, there is no way to prove that:

- The sterilizer cycle responsible for the sterilization of the pack was successful (and hence that the pack is sterile).
- The pack was actually in that cycle <sup>‡</sup>.

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<sup>‡</sup> Application of Batch code label *proves* packs into the autoclave.

## 16. Closing off a sterilizer cycle record book

When a sterilizer cycle record book is filled, and before starting a new sterilizer cycle record book, complete the details on the front cover of the old sterilizer cycle record book.

**Step 1.** Fill in the 'cycle to' box as appropriate.

**Step 2.** Date the close of the sterilizer cycle record book (log)

**Step 3.** Print your name

**Step 4.** Sign for the closure.

The image shows the front cover of a sterilizer cycle record book. It has a green vertical bar on the left side. The main area is white with black text and boxes. The text 'CYCLE FROM' is followed by a box. The text 'CYCLE TO' is followed by a box containing a red '1'. Below this, the text 'DATE LOG OPENED' is followed by three boxes for day, month, and year. Below this, the text 'By Name' is followed by a box, and the text 'Signature' is followed by a box. Below this, the text 'DATE LOG CLOSED' is followed by three boxes for day, month, and year. The month box contains a red '2'. Below this, the text 'By Name' is followed by a box containing a red '3', and the text 'Signature' is followed by a box containing a red '4'.

The fastener on the bottom edge of the book should be used to fasten the log book – the front cover and the back cover together. The book has been designed to expand to take the additional paper thickness when the book is complete.

The information that you have gathered gives a detailed history of your sterilizers. That information is like an insurance policy providing evidence that the batches you have processed have been accounted for, whether sterilization has been successful or not.

Under Australia product liability laws you are required to keep records of processes for a minimum period of time. Check with your medical records department before destroying any records.

If you are required to produce evidence regarding the success of a batch during that period, then it makes sense to introduce an archival system to enable easy finding.

For your guidance in setting up an archiving system, please note the following:

An archival system should be designed to allow you, and those that follow you, to find records quickly and efficiently

Set up an archival register to include some or all of the following information:

- Sterilizer number
- Cycle range
- Date of opening/closure
- Location

Where you store your records today may not be where they end up tomorrow, record all movements. If you remove files make sure they go back in the right place

Finally remember, these records prove that your policy and procedures are correct. Treat them with the respect and care they deserve.

## 17. Recording expired or compromised sterile items.

### This is an optional activity.

Some facilities have found it a useful quality improvement activity to monitor the number of items being returned for reprocessing within a three month period and to account for all batch labels including those that have been compromised prior to use. The following tables have been developed and provided by the Bundaberg Oral Health Dental Service.

| RECORD OF EXPIRED ITEMS    |         |         |         |         |
|----------------------------|---------|---------|---------|---------|
| DATE                       | STICKER | STICKER | STICKER | STICKER |
| DESCRIPTION OF INSTRUMENTS |         |         |         |         |
| DATE                       | STICKER | STICKER | STICKER | STICKER |
| DESCRIPTION OF INSTRUMENTS |         |         |         |         |
| DATE                       | STICKER | STICKER | STICKER | STICKER |
| DESCRIPTION OF INSTRUMENTS |         |         |         |         |
| DATE                       | STICKER | STICKER | STICKER | STICKER |
| DESCRIPTION OF INSTRUMENTS |         |         |         |         |
| DATE                       | STICKER | STICKER | STICKER | STICKER |
| DESCRIPTION OF INSTRUMENTS |         |         |         |         |
| DATE                       | STICKER | STICKER | STICKER | STICKER |
| DESCRIPTION OF INSTRUMENTS |         |         |         |         |
| DATE                       | STICKER | STICKER | STICKER | STICKER |
| DESCRIPTION OF INSTRUMENTS |         |         |         |         |
| DATE                       | STICKER | STICKER | STICKER | STICKER |
| DESCRIPTION OF INSTRUMENTS |         |         |         |         |

| RECORD OF COMPROMISED ITEMS |                        |            |        |
|-----------------------------|------------------------|------------|--------|
| DATE                        | BATCH LABEL<br>STICKER | INSTRUMENT | REASON |
|                             |                        |            |        |
|                             |                        |            |        |
|                             |                        |            |        |
|                             |                        |            |        |
|                             |                        |            |        |
|                             |                        |            |        |
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|                             |                        |            |        |